

GRIFFIN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$3,879,223	\$3,905,172	\$25,949	1%
2	Short Term Investments	\$8,704,501	\$9,660,079	\$955,578	11%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$17,001,631	\$15,222,331	(\$1,779,300)	-10%
4	Current Assets Whose Use is Limited for Current Liabilities	\$617,399	\$522,512	(\$94,887)	-15%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$196,080	\$0	(\$196,080)	-100%
7	Inventories of Supplies	\$0	\$0	\$0	0%
8	Prepaid Expenses	\$0	\$0	\$0	0%
9	Other Current Assets	\$3,091,385	\$3,851,849	\$760,464	25%
	Total Current Assets	\$33,490,219	\$33,161,943	(\$328,276)	-1%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$3,518,834	\$3,644,228	\$125,394	4%
2	Board Designated for Capital Acquisition	\$874,392	\$319,085	(\$555,307)	-64%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$6,941,579	\$4,477,576	(\$2,464,003)	-35%
	Total Noncurrent Assets Whose Use is Limited:	\$11,334,805	\$8,440,889	(\$2,893,916)	-26%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$985,048	\$1,061,664	\$76,616	8%
7	Other Noncurrent Assets	\$13,960,974	\$15,313,030	\$1,352,056	10%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$126,150,906	\$140,660,731	\$14,509,825	12%
2	Less: Accumulated Depreciation	\$70,837,887	\$77,052,764	\$6,214,877	9%
	Property, Plant and Equipment, Net	\$55,313,019	\$63,607,967	\$8,294,948	15%
3	Construction in Progress	\$7,410,924	\$435,639	(\$6,975,285)	-94%
	Total Net Fixed Assets	\$62,723,943	\$64,043,606	\$1,319,663	2%
	Total Assets	\$122,494,989	\$122,021,132	(\$473,857)	0%

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(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009	FY 2010	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$23,725,477	\$25,047,155	\$1,321,678	6%
2	Salaries, Wages and Payroll Taxes	\$0	\$0	\$0	0%
3	Due To Third Party Payers	\$0	\$0	\$0	0%
4	Due To Affiliates	\$440,386	\$0	(\$440,386)	-100%
5	Current Portion of Long Term Debt	\$5,522,347	\$6,288,902	\$766,555	14%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$2,058,510	\$846,240	(\$1,212,270)	-59%
	Total Current Liabilities	\$31,746,720	\$32,182,297	\$435,577	1%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$50,824,548	\$49,676,494	(\$1,148,054)	-2%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	Total Long Term Debt	\$50,824,548	\$49,676,494	(\$1,148,054)	-2%
3	Accrued Pension Liability	\$31,533,528	\$36,275,269	\$4,741,741	15%
4	Other Long Term Liabilities	\$17,207,223	\$21,034,333	\$3,827,110	22%
	Total Long Term Liabilities	\$99,565,299	\$106,986,096	\$7,420,797	7%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	(\$16,756,232)	(\$24,966,200)	(\$8,209,968)	49%
2	Temporarily Restricted Net Assets	\$2,260,107	\$2,014,450	(\$245,657)	-11%
3	Permanently Restricted Net Assets	\$5,679,095	\$5,804,489	\$125,394	2%
	Total Net Assets	(\$8,817,030)	(\$17,147,261)	(\$8,330,231)	94%
	Total Liabilities and Net Assets	\$122,494,989	\$122,021,132	(\$473,857)	0%

GRIFFIN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$353,472,922	\$381,244,191	\$27,771,269	8%
2	Less: Allowances	\$228,408,004	\$254,199,065	\$25,791,061	11%
3	Less: Charity Care	\$5,752,621	\$8,958,645	\$3,206,024	56%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$119,312,297	\$118,086,481	(\$1,225,816)	-1%
5	Other Operating Revenue	\$3,246,928	\$3,769,345	\$522,417	16%
6	Net Assets Released from Restrictions	\$9,006	\$12,143	\$3,137	35%
	Total Operating Revenue	\$122,568,231	\$121,867,969	(\$700,262)	-1%
B. Operating Expenses:					
1	Salaries and Wages	\$53,515,224	\$54,104,792	\$589,568	1%
2	Fringe Benefits	\$14,221,566	\$16,257,718	\$2,036,152	14%
3	Physicians Fees	\$1,503,328	\$1,856,329	\$353,001	23%
4	Supplies and Drugs	\$13,660,425	\$15,173,899	\$1,513,474	11%
5	Depreciation and Amortization	\$4,952,492	\$6,320,420	\$1,367,928	28%
6	Bad Debts	\$6,305,896	\$1,246,161	(\$5,059,735)	-80%
7	Interest	\$2,492,363	\$2,555,303	\$62,940	3%
8	Malpractice	\$2,668,174	\$1,495,789	(\$1,172,385)	-44%
9	Other Operating Expenses	\$20,439,562	\$21,483,073	\$1,043,511	5%
	Total Operating Expenses	\$119,759,030	\$120,493,484	\$734,454	1%
	Income/(Loss) From Operations	\$2,809,201	\$1,374,485	(\$1,434,716)	-51%
C. Non-Operating Revenue:					
1	Income from Investments	\$713,606	\$886,194	\$172,588	24%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	\$0	\$0	\$0	0%
	Total Non-Operating Revenue	\$713,606	\$886,194	\$172,588	24%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$3,522,807	\$2,260,679	(\$1,262,128)	-36%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	(\$2,292,123)	(\$3,205,803)	(\$913,680)	40%
	Total Other Adjustments	(\$2,292,123)	(\$3,205,803)	(\$913,680)	40%
	Excess/(Deficiency) of Revenue Over Expenses	\$1,230,684	(\$945,124)	(\$2,175,808)	-177%
	Principal Payments	\$1,305,000	\$1,305,000	\$0	0%

**GRIFFIN HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	DIFFERENC E
I. GROSS REVENUE BY PAYER					
A. INPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$74,358,405	\$78,995,489	\$4,637,084	6%
2	MEDICARE MANAGED CARE	\$29,549,653	\$30,619,898	\$1,070,245	4%
3	MEDICAID	\$7,698,608	\$10,781,741	\$3,083,133	40%
4	MEDICAID MANAGED CARE	\$7,273,302	\$8,579,032	\$1,305,730	18%
5	CHAMPUS/TRICARE	\$84,872	\$165,814	\$80,942	95%
6	COMMERCIAL INSURANCE	\$6,446,861	\$4,108,494	(\$2,338,367)	-36%
7	NON-GOVERNMENT MANAGED CARE	\$40,502,546	\$45,768,253	\$5,265,707	13%
8	WORKER'S COMPENSATION	\$1,703,386	\$1,544,059	(\$159,327)	-9%
9	SELF- PAY/UNINSURED	\$3,534,949	\$2,077,313	(\$1,457,636)	-41%
10	SAGA	\$5,952,722	\$2,340,357	(\$3,612,365)	-61%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT GROSS REVENUE	\$177,105,304	\$184,980,450	\$7,875,146	4%
B. OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$42,336,051	\$46,030,067	\$3,694,016	9%
2	MEDICARE MANAGED CARE	\$17,213,295	\$20,193,889	\$2,980,594	17%
3	MEDICAID	\$4,818,508	\$8,309,230	\$3,490,722	72%
4	MEDICAID MANAGED CARE	\$11,926,957	\$14,782,418	\$2,855,461	24%
5	CHAMPUS/TRICARE	\$256,731	\$437,309	\$180,578	70%
6	COMMERCIAL INSURANCE	\$10,769,330	\$6,200,799	(\$4,568,531)	-42%
7	NON-GOVERNMENT MANAGED CARE	\$74,769,948	\$86,886,895	\$12,116,947	16%
8	WORKER'S COMPENSATION	\$2,933,314	\$3,315,725	\$382,411	13%
9	SELF- PAY/UNINSURED	\$6,987,504	\$7,665,602	\$678,098	10%
10	SAGA	\$4,355,980	\$2,441,807	(\$1,914,173)	-44%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT GROSS REVENUE	\$176,367,618	\$196,263,741	\$19,896,123	11%
C. TOTAL GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$116,694,456	\$125,025,556	\$8,331,100	7%
2	MEDICARE MANAGED CARE	\$46,762,948	\$50,813,787	\$4,050,839	9%
3	MEDICAID	\$12,517,116	\$19,090,971	\$6,573,855	53%
4	MEDICAID MANAGED CARE	\$19,200,259	\$23,361,450	\$4,161,191	22%
5	CHAMPUS/TRICARE	\$341,603	\$603,123	\$261,520	77%
6	COMMERCIAL INSURANCE	\$17,216,191	\$10,309,293	(\$6,906,898)	-40%
7	NON-GOVERNMENT MANAGED CARE	\$115,272,494	\$132,655,148	\$17,382,654	15%
8	WORKER'S COMPENSATION	\$4,636,700	\$4,859,784	\$223,084	5%
9	SELF- PAY/UNINSURED	\$10,522,453	\$9,742,915	(\$779,538)	-7%
10	SAGA	\$10,308,702	\$4,782,164	(\$5,526,538)	-54%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL GROSS REVENUE	\$353,472,922	\$381,244,191	\$27,771,269	8%
II. NET REVENUE BY PAYER					
A. INPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$28,737,575	\$28,350,898	(\$386,677)	-1%
2	MEDICARE MANAGED CARE	\$9,522,970	\$9,063,248	(\$459,722)	-5%
3	MEDICAID	\$2,257,524	\$4,012,546	\$1,755,022	78%
4	MEDICAID MANAGED CARE	\$2,436,559	\$2,086,128	(\$350,431)	-14%
5	CHAMPUS/TRICARE	\$30,178	\$117,332	\$87,154	289%
6	COMMERCIAL INSURANCE	\$3,072,475	\$1,358,819	(\$1,713,656)	-56%
7	NON-GOVERNMENT MANAGED CARE	\$14,202,959	\$16,880,403	\$2,677,444	19%
8	WORKER'S COMPENSATION	\$1,082,112	\$1,235,698	\$153,586	14%
9	SELF- PAY/UNINSURED	\$1,331,824	\$114,962	(\$1,216,862)	-91%
10	SAGA	\$968,163	\$38,957	(\$929,206)	-96%
11	OTHER	\$0	\$0	\$0	0%

**GRIFFIN HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	DIFFERENC E
	TOTAL INPATIENT NET REVENUE	\$63,642,339	\$63,258,991	(\$383,348)	-1%
B.	OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$9,199,891	\$9,064,419	(\$135,472)	-1%
2	MEDICARE MANAGED CARE	\$3,983,051	\$4,199,489	\$216,438	5%
3	MEDICAID	\$1,099,973	\$1,859,281	\$759,308	69%
4	MEDICAID MANAGED CARE	\$2,843,349	\$3,346,933	\$503,584	18%
5	CHAMPUS/TRICARE	\$84,855	\$119,245	\$34,390	41%
6	COMMERCIAL INSURANCE	\$4,197,625	\$3,688,631	(\$508,994)	-12%
7	NON-GOVERNMENT MANAGED CARE	\$24,749,156	\$29,615,633	\$4,866,477	20%
8	WORKER'S COMPENSATION	\$1,657,009	\$2,044,913	\$387,904	23%
9	SELF- PAY/UNINSURED	\$1,414,373	\$424,229	(\$990,144)	-70%
10	SAGA	\$994,387	\$23,553	(\$970,834)	-98%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT NET REVENUE	\$50,223,669	\$54,386,326	\$4,162,657	8%
C.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$37,937,466	\$37,415,317	(\$522,149)	-1%
2	MEDICARE MANAGED CARE	\$13,506,021	\$13,262,737	(\$243,284)	-2%
3	MEDICAID	\$3,357,497	\$5,871,827	\$2,514,330	75%
4	MEDICAID MANAGED CARE	\$5,279,908	\$5,433,061	\$153,153	3%
5	CHAMPUS/TRICARE	\$115,033	\$236,577	\$121,544	106%
6	COMMERCIAL INSURANCE	\$7,270,100	\$5,047,450	(\$2,222,650)	-31%
7	NON-GOVERNMENT MANAGED CARE	\$38,952,115	\$46,496,036	\$7,543,921	19%
8	WORKER'S COMPENSATION	\$2,739,121	\$3,280,611	\$541,490	20%
9	SELF- PAY/UNINSURED	\$2,746,197	\$539,191	(\$2,207,006)	-80%
10	SAGA	\$1,962,550	\$62,510	(\$1,900,040)	-97%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL NET REVENUE	\$113,866,008	\$117,645,317	\$3,779,309	3%
III.	STATISTICS BY PAYER				
A.	DISCHARGES				
1	MEDICARE TRADITIONAL	2,635	2,659	24	1%
2	MEDICARE MANAGED CARE	987	1,014	27	3%
3	MEDICAID	385	590	205	53%
4	MEDICAID MANAGED CARE	639	688	49	8%
5	CHAMPUS/TRICARE	6	10	4	67%
6	COMMERCIAL INSURANCE	313	182	(131)	-42%
7	NON-GOVERNMENT MANAGED CARE	2,287	2,382	95	4%
8	WORKER'S COMPENSATION	38	30	(8)	-21%
9	SELF- PAY/UNINSURED	89	103	14	16%
10	SAGA	154	61	(93)	-60%
11	OTHER	0	0	0	0%
	TOTAL DISCHARGES	7,533	7,719	186	2%
B.	PATIENT DAYS				
1	MEDICARE TRADITIONAL	13,634	13,846	212	2%
2	MEDICARE MANAGED CARE	5,078	4,777	(301)	-6%
3	MEDICAID	1,975	2,863	888	45%
4	MEDICAID MANAGED CARE	2,164	2,042	(122)	-6%
5	CHAMPUS/TRICARE	16	25	9	56%
6	COMMERCIAL INSURANCE	1,241	938	(303)	-24%
7	NON-GOVERNMENT MANAGED CARE	8,069	8,166	97	1%
8	WORKER'S COMPENSATION	98	70	(28)	-29%
9	SELF- PAY/UNINSURED	459	326	(133)	-29%
10	SAGA	847	376	(471)	-56%
11	OTHER	0	0	0	0%
	TOTAL PATIENT DAYS	33,581	33,429	(152)	0%
C.	OUTPATIENT VISITS				

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REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	DIFFERENC E
1	MEDICARE TRADITIONAL	29,089	30,361	1,272	4%
2	MEDICARE MANAGED CARE	11,049	13,035	1,986	18%
3	MEDICAID	4,695	6,469	1,774	38%
4	MEDICAID MANAGED CARE	10,489	11,472	983	9%
5	CHAMPUS/TRICARE	145	180	35	24%
6	COMMERCIAL INSURANCE	6,548	4,644	(1,904)	-29%
7	NON-GOVERNMENT MANAGED CARE	45,185	46,539	1,354	3%
8	WORKER'S COMPENSATION	2,064	2,172	108	5%
9	SELF- PAY/UNINSURED	5,781	5,434	(347)	-6%
10	SAGA	2,739	2,048	(691)	-25%
11	OTHER	0	0	0	0%
	TOTAL OUTPATIENT VISITS	117,784	122,354	4,570	4%
IV.	EMERGENCY DEPARTMENT OUTPATIENT BY PAYER				
A.	EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$7,220,866	\$8,568,470	\$1,347,604	19%
2	MEDICARE MANAGED CARE	\$2,532,373	\$3,188,315	\$655,942	26%
3	MEDICAID	\$2,297,230	\$2,142,447	(\$154,783)	-7%
4	MEDICAID MANAGED CARE	\$6,313,063	\$7,666,198	\$1,353,135	21%
5	CHAMPUS/TRICARE	\$107,167	\$153,554	\$46,387	43%
6	COMMERCIAL INSURANCE	\$2,312,745	\$1,517,637	(\$795,108)	-34%
7	NON-GOVERNMENT MANAGED CARE	\$16,315,229	\$17,959,577	\$1,644,348	10%
8	WORKER'S COMPENSATION	\$835,610	\$897,526	\$61,916	7%
9	SELF- PAY/UNINSURED	\$4,114,255	\$4,281,686	\$167,431	4%
10	SAGA	\$1,972,276	\$3,181,726	\$1,209,450	61%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$44,020,814	\$49,557,136	\$5,536,322	13%
B.	EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$1,848,976	\$2,063,343	\$214,367	12%
2	MEDICARE MANAGED CARE	\$665,059	\$840,066	\$175,007	26%
3	MEDICAID	\$375,311	\$398,765	\$23,454	6%
4	MEDICAID MANAGED CARE	\$1,520,132	\$1,783,700	\$263,568	17%
5	CHAMPUS/TRICARE	\$37,030	\$29,618	(\$7,412)	-20%
6	COMMERCIAL INSURANCE	\$876,283	\$629,362	(\$246,921)	-28%
7	NON-GOVERNMENT MANAGED CARE	\$6,316,288	\$7,016,982	\$700,694	11%
8	WORKER'S COMPENSATION	\$526,669	\$578,956	\$52,287	10%
9	SELF- PAY/UNINSURED	\$218,754	\$184,812	(\$33,942)	-16%
10	SAGA	\$186,862	\$465,192	\$278,330	149%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$12,571,364	\$13,990,796	\$1,419,432	11%
C.	EMERGENCY DEPARTMENT OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	4,254	4,645	391	9%
2	MEDICARE MANAGED CARE	1,390	1,509	119	9%
3	MEDICAID	1,631	1,408	(223)	-14%
4	MEDICAID MANAGED CARE	6,189	6,709	520	8%
5	CHAMPUS/TRICARE	100	115	15	15%
6	COMMERCIAL INSURANCE	1,773	969	(804)	-45%
7	NON-GOVERNMENT MANAGED CARE	12,231	11,829	(402)	-3%
8	WORKER'S COMPENSATION	899	817	(82)	-9%
9	SELF- PAY/UNINSURED	3,648	3,257	(391)	-11%
10	SAGA	1,674	2,144	470	28%
11	OTHER	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	33,789	33,402	(387)	-1%

**GRIFFIN HOSPITAL
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FISCAL YEAR 2010
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2009 ACTUAL</u>	<u>FY 2010 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
I. OPERATING EXPENSE BY CATEGORY					
A. Salaries & Wages:					
1	Nursing Salaries	\$17,033,289	\$18,665,249	\$1,631,960	10%
2	Physician Salaries	\$6,156,928	\$5,144,632	(\$1,012,296)	-16%
3	Non-Nursing, Non-Physician Salaries	\$30,325,007	\$30,294,911	(\$30,096)	0%
	Total Salaries & Wages	\$53,515,224	\$54,104,792	\$589,568	1%
B. Fringe Benefits:					
1	Nursing Fringe Benefits	\$4,526,561	\$5,608,641	\$1,082,080	24%
2	Physician Fringe Benefits	\$1,636,192	\$1,545,889	(\$90,303)	-6%
3	Non-Nursing, Non-Physician Fringe Benefits	\$8,058,813	\$9,103,188	\$1,044,375	13%
	Total Fringe Benefits	\$14,221,566	\$16,257,718	\$2,036,152	14%
C. Contractual Labor Fees:					
1	Nursing Fees	\$102,852	\$0	(\$102,852)	-100%
2	Physician Fees	\$1,503,328	\$1,856,329	\$353,001	23%
3	Non-Nursing, Non-Physician Fees	\$0	\$0	\$0	0%
	Total Contractual Labor Fees	\$1,606,180	\$1,856,329	\$250,149	16%
D. Medical Supplies and Pharmaceutical Cost:					
1	Medical Supplies	\$10,664,781	\$11,920,447	\$1,255,666	12%
2	Pharmaceutical Costs	\$2,995,644	\$3,253,452	\$257,808	9%
	Total Medical Supplies and Pharmaceutical Cost	\$13,660,425	\$15,173,899	\$1,513,474	11%
E. Depreciation and Amortization:					
1	Depreciation-Building	\$2,486,389	\$3,017,839	\$531,450	21%
2	Depreciation-Equipment	\$2,466,103	\$3,302,581	\$836,478	34%
3	Amortization	\$0	\$0	\$0	0%
	Total Depreciation and Amortization	\$4,952,492	\$6,320,420	\$1,367,928	28%
F. Bad Debts:					
1	Bad Debts	\$6,305,896	\$1,246,161	(\$5,059,735)	-80%
G. Interest Expense:					
1	Interest Expense	\$2,492,363	\$2,555,303	\$62,940	3%
H. Malpractice Insurance Cost:					
1	Malpractice Insurance Cost	\$2,668,174	\$1,495,789	(\$1,172,385)	-44%
I. Utilities:					
1	Water	\$266,842	\$289,200	\$22,358	8%
2	Natural Gas	\$1,246,610	\$846,102	(\$400,508)	-32%
3	Oil	\$53,722	\$32,377	(\$21,345)	-40%
4	Electricity	\$2,019,081	\$2,152,168	\$133,087	7%
5	Telephone	\$297,738	\$399,577	\$101,839	34%
6	Other Utilities	\$0	\$0	\$0	0%
	Total Utilities	\$3,883,993	\$3,719,424	(\$164,569)	-4%
J. Business Expenses:					
1	Accounting Fees	\$267,804	\$246,270	(\$21,534)	-8%
2	Legal Fees	\$215,020	\$138,119	(\$76,901)	-36%
3	Consulting Fees	\$246,955	\$175,035	(\$71,920)	-29%
4	Dues and Membership	\$300,979	\$355,435	\$54,456	18%
5	Equipment Leases	\$1,081,950	\$1,245,773	\$163,823	15%
6	Building Leases	\$271,628	\$275,495	\$3,867	1%
7	Repairs and Maintenance	\$1,850,446	\$2,855,400	\$1,004,954	54%
8	Insurance	\$341,928	\$351,966	\$10,038	3%

**GRIFFIN HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1) LINE	(2) DESCRIPTION	(3) FY 2009 ACTUAL	(4) FY 2010 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
9	Travel	\$158,044	\$217,346	\$59,302	38%
10	Conferences	\$0	\$0	\$0	0%
11	Property Tax	\$9,602	\$78,204	\$68,602	714%
12	General Supplies	\$1,901,236	\$2,072,497	\$171,261	9%
13	Licenses and Subscriptions	\$351,014	\$423,570	\$72,556	21%
14	Postage and Shipping	\$210,812	\$150,781	(\$60,031)	-28%
15	Advertising	\$527,653	\$348,573	(\$179,080)	-34%
16	Other Business Expenses	\$8,717,646	\$8,829,185	\$111,539	1%
	Total Business Expenses	\$16,452,717	\$17,763,649	\$1,310,932	8%
K.	Other Operating Expense:				
1	Miscellaneous Other Operating Expenses	\$0	\$0	\$0	0%
	Total Operating Expenses - All Expense Categories*	\$119,759,030	\$120,493,484	\$734,454	1%
	*A.- K. The total operating expenses amount above must agree with the total operating expenses amount on Report 150				
II.	OPERATING EXPENSE BY DEPARTMENT				
A.	General Services:				
1	General Administration	\$3,173,042	\$2,863,670	(\$309,372)	-10%
2	General Accounting	\$1,074,297	\$1,063,226	(\$11,071)	-1%
3	Patient Billing & Collection	\$1,683,287	\$1,896,065	\$212,778	13%
4	Admitting / Registration Office	\$887,555	\$954,277	\$66,722	8%
5	Data Processing	\$1,397,646	\$1,489,725	\$92,079	7%
6	Communications	\$310,262	\$292,188	(\$18,074)	-6%
7	Personnel	\$1,316,631	\$1,259,958	(\$56,673)	-4%
8	Public Relations	\$1,076,442	\$991,156	(\$85,286)	-8%
9	Purchasing	\$318,872	\$326,415	\$7,543	2%
10	Dietary and Cafeteria	\$3,101,327	\$3,314,913	\$213,586	7%
11	Housekeeping	\$1,942,471	\$1,940,480	(\$1,991)	0%
12	Laundry & Linen	\$478,940	\$451,190	(\$27,750)	-6%
13	Operation of Plant	\$5,111,230	\$5,385,392	\$274,162	5%
14	Security	\$313,584	\$424,019	\$110,435	35%
15	Repairs and Maintenance	\$323,475	\$277,682	(\$45,793)	-14%
16	Central Sterile Supply	\$443,503	\$509,355	\$65,852	15%
17	Pharmacy Department	\$4,185,852	\$4,465,460	\$279,608	7%
18	Other General Services	\$27,157,629	\$29,221,412	\$2,063,783	8%
	Total General Services	\$54,296,045	\$57,126,583	\$2,830,538	5%
B.	Professional Services:				
1	Medical Care Administration	\$537,944	\$573,565	\$35,621	7%
2	Residency Program	\$2,405,807	\$2,658,435	\$252,628	11%
3	Nursing Services Administration	\$729,346	\$697,489	(\$31,857)	-4%
4	Medical Records	\$1,545,598	\$1,719,234	\$173,636	11%
5	Social Service	\$0	\$0	\$0	0%
6	Other Professional Services	\$1,712,498	\$1,729,632	\$17,134	1%
	Total Professional Services	\$6,931,193	\$7,378,355	\$447,162	6%
C.	Special Services:				
1	Operating Room	\$8,083,973	\$9,474,176	\$1,390,203	17%
2	Recovery Room	\$498,338	\$542,218	\$43,880	9%
3	Anesthesiology	\$324,337	\$401,402	\$77,065	24%
4	Delivery Room	\$73,399	\$79,776	\$6,377	9%
5	Diagnostic Radiology	\$2,712,215	\$2,949,630	\$237,415	9%
6	Diagnostic Ultrasound	\$530,216	\$641,347	\$111,131	21%
7	Radiation Therapy	\$973,699	\$1,319,108	\$345,409	35%

**GRIFFIN HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2009 ACTUAL</u>	<u>FY 2010 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
8	Radioisotopes	\$439,268	\$414,057	(\$25,211)	-6%
9	CT Scan	\$861,635	\$1,068,326	\$206,691	24%
10	Laboratory	\$7,639,513	\$7,808,933	\$169,420	2%
11	Blood Storing/Processing	\$0	\$0	\$0	0%
12	Cardiology	\$768,997	\$744,719	(\$24,278)	-3%
13	Electrocardiology	\$0	\$0	\$0	0%
14	Electroencephalography	\$58,301	\$65,979	\$7,678	13%
15	Occupational Therapy	\$1,056,709	\$1,030,671	(\$26,038)	-2%
16	Speech Pathology	\$93,007	\$62,672	(\$30,335)	-33%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$926,125	\$907,921	(\$18,204)	-2%
19	Pulmonary Function	\$146,621	\$170,884	\$24,263	17%
20	Intravenous Therapy	\$89,350	\$90,847	\$1,497	2%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$1,594,880	\$1,663,163	\$68,283	4%
23	Renal Dialysis	\$0	\$0	\$0	0%
24	Emergency Room	\$6,025,241	\$5,959,449	(\$65,792)	-1%
25	MRI	\$1,065,344	\$1,091,471	\$26,127	2%
26	PET Scan	\$315,548	\$367,188	\$51,640	16%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$1,161,417	\$1,157,356	(\$4,061)	0%
29	Sleep Center	\$437,686	\$444,967	\$7,281	2%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$0	\$0	\$0	0%
32	Occupational Therapy / Physical Therapy	\$1,062,638	\$1,007,087	(\$55,551)	-5%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$1,294,412	\$1,240,546	(\$53,866)	-4%
	Total Special Services	\$38,232,869	\$40,703,893	\$2,471,024	6%
D.	<u>Routine Services:</u>				
1	Medical & Surgical Units	\$7,435,309	\$7,436,654	\$1,345	0%
2	Intensive Care Unit	\$2,459,599	\$2,408,948	(\$50,651)	-2%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$1,010,289	\$1,096,309	\$86,020	9%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$1,722,257	\$1,704,548	(\$17,709)	-1%
7	Newborn Nursery Unit	\$119,437	\$117,556	(\$1,881)	-2%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$576,246	\$588,404	\$12,158	2%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$278,308	\$263,612	(\$14,696)	-5%
13	Other Routine Services	\$391,588	\$422,325	\$30,737	8%
	Total Routine Services	\$13,993,033	\$14,038,356	\$45,323	0%
E.	<u>Other Departments:</u>				
1	Miscellaneous Other Departments	\$6,305,890	\$1,246,297	(\$5,059,593)	-80%
	Total Operating Expenses - All Departments*	\$119,759,030	\$120,493,484	\$734,454	1%
	*A.- 0. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				

GRIFFIN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2008	FY 2009	FY 2010
A. Statement of Operations Summary				
1	Total Net Patient Revenue	\$115,006,758	\$ 119,312,297	\$118,086,481
2	Other Operating Revenue	3,093,792	3,255,934	3,781,488
3	Total Operating Revenue	\$118,100,550	\$122,568,231	\$121,867,969
4	Total Operating Expenses	116,164,408	119,759,030	120,493,484
5	Income/(Loss) From Operations	\$1,936,142	\$2,809,201	\$1,374,485
6	Total Non-Operating Revenue	(3,725,404)	(1,578,517)	(2,319,609)
7	Excess/(Deficiency) of Revenue Over Expenses	(\$1,789,262)	\$1,230,684	(\$945,124)
B. Profitability Summary				
1	Hospital Operating Margin	1.69%	2.32%	1.15%
2	Hospital Non Operating Margin	-3.26%	-1.30%	-1.94%
3	Hospital Total Margin	-1.56%	1.02%	-0.79%
4	Income/(Loss) From Operations	\$1,936,142	\$2,809,201	\$1,374,485
5	Total Operating Revenue	\$118,100,550	\$122,568,231	\$121,867,969
6	Total Non-Operating Revenue	(\$3,725,404)	(\$1,578,517)	(\$2,319,609)
7	Total Revenue	\$114,375,146	\$120,989,714	\$119,548,360
8	Excess/(Deficiency) of Revenue Over Expenses	(\$1,789,262)	\$1,230,684	(\$945,124)
C. Net Assets Summary				
1	Hospital Unrestricted Net Assets	\$6,729,685	(\$16,756,232)	(\$24,966,200)
2	Hospital Total Net Assets	\$14,157,874	(\$8,817,030)	(\$17,147,261)
3	Hospital Change in Total Net Assets	(\$6,068,468)	(\$22,974,904)	(\$8,330,231)
4	Hospital Change in Total Net Assets %	70.0%	-162.3%	94.5%
D. Cost Data Summary				
1	Ratio of Cost to Charges	0.36	0.34	0.31
2	Total Operating Expenses	\$116,164,408	\$119,759,030	\$120,493,484
3	Total Gross Revenue	\$323,695,508	\$353,472,922	\$381,244,191
4	Total Other Operating Revenue	\$3,093,792	\$3,255,934	\$3,781,488
5	Private Payment to Cost Ratio	0.99	1.06	1.19
6	Total Non-Government Payments	\$47,873,103	\$51,707,533	\$55,363,288

GRIFFIN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2008	FY 2009	FY 2010
7	Total Uninsured Payments	\$2,728,892	\$2,746,197	\$539,191
8	Total Non-Government Charges	\$136,698,457	\$147,647,838	\$157,567,140
9	Total Uninsured Charges	\$9,018,690	\$10,522,453	\$9,742,915
10	<u>Medicare Payment to Cost Ratio</u>	0.94	0.94	0.92
11	Total Medicare Payments	\$50,637,929	\$51,443,487	\$50,678,054
12	Total Medicare Charges	\$152,047,014	\$163,457,404	\$175,839,343
13	<u>Medicaid Payment to Cost Ratio</u>	0.79	0.81	0.85
14	Total Medicaid Payments	\$7,195,572	\$8,637,405	\$11,304,888
15	Total Medicaid Charges	\$25,679,395	\$31,717,375	\$42,452,421
16	<u>Uncompensated Care Cost</u>	\$3,467,095	\$4,048,218	\$3,193,586
17	Charity Care	\$1,748,198	\$5,752,621	\$8,958,645
18	Bad Debts	\$8,005,302	\$6,305,896	\$1,246,161
19	Total Uncompensated Care	\$9,753,500	\$12,058,517	\$10,204,806
20	<u>Uncompensated Care % of Total Expenses</u>	3.0%	3.4%	2.7%
21	Total Operating Expenses	\$116,164,408	\$119,759,030	\$120,493,484
E.	<u>Liquidity Measures Summary</u>			
1	<u>Current Ratio</u>	1.13	1.05	1.03
2	Total Current Assets	\$32,678,147	\$33,490,219	\$33,161,943
3	Total Current Liabilities	\$28,901,459	\$31,746,720	\$32,182,297
4	<u>Days Cash on Hand</u>	47	40	43
5	Cash and Cash Equivalents	\$3,814,847	\$3,879,223	\$3,905,172
6	Short Term Investments	10,721,108	8,704,501	9,660,079
7	Total Cash and Short Term Investments	\$14,535,955	\$12,583,724	\$13,565,251
8	Total Operating Expenses	\$116,164,408	\$119,759,030	\$120,493,484
9	Depreciation Expense	\$4,213,884	\$4,952,492	\$6,320,420
10	Operating Expenses less Depreciation Expense	\$111,950,524	\$114,806,538	\$114,173,064
11	<u>Days Revenue in Patient Accounts Receivable</u>	46.39	52.61	47.05

GRIFFIN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2008	FY 2009	FY 2010
12	Net Patient Accounts Receivable	\$ 14,177,591	\$ 17,001,631	\$ 15,222,331
13	Due From Third Party Payers	\$438,065	\$196,080	\$0
14	Due To Third Party Payers	\$0	\$0	\$0
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 14,615,656	\$ 17,197,711	\$ 15,222,331
16	Total Net Patient Revenue	\$115,006,758	\$ 119,312,297	\$ 118,086,481
17	<u>Average Payment Period</u>	94.23	100.93	102.88
18	Total Current Liabilities	\$28,901,459	\$31,746,720	\$32,182,297
19	Total Operating Expenses	\$116,164,408	\$119,759,030	\$120,493,484
20	Depreciation Expense	\$4,213,884	\$4,952,492	\$6,320,420
21	Total Operating Expenses less Depreciation Expense	\$111,950,524	\$114,806,538	\$114,173,064
F.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	12.3	(7.2)	(14.1)
2	Total Net Assets	\$14,157,874	(\$8,817,030)	(\$17,147,261)
3	Total Assets	\$115,273,579	\$122,494,989	\$122,021,132
4	<u>Cash Flow to Total Debt Ratio</u>	2.9	7.5	6.6
5	Excess/(Deficiency) of Revenues Over Expenses	(\$1,789,262)	\$1,230,684	(\$945,124)
6	Depreciation Expense	\$4,213,884	\$4,952,492	\$6,320,420
7	Excess of Revenues Over Expenses and Depreciation Expense	\$2,424,622	\$6,183,176	\$5,375,296
8	Total Current Liabilities	\$28,901,459	\$31,746,720	\$32,182,297
9	Total Long Term Debt	\$53,664,215	\$50,824,548	\$49,676,494
10	Total Current Liabilities and Total Long Term Debt	\$82,565,674	\$82,571,268	\$81,858,791
11	<u>Long Term Debt to Capitalization Ratio</u>	79.1	121.0	152.7
12	Total Long Term Debt	\$53,664,215	\$50,824,548	\$49,676,494
13	Total Net Assets	\$14,157,874	(\$8,817,030)	(\$17,147,261)
14	Total Long Term Debt and Total Net Assets	\$67,822,089	\$42,007,518	\$32,529,233
15	<u>Debt Service Coverage Ratio</u>	2.8	2.3	2.1
16	Excess Revenues over Expenses	(\$1,789,262)	\$1,230,684	(\$945,124)
17	Interest Expense	\$1,365,387	\$2,492,363	\$2,555,303
18	Depreciation and Amortization Expense	\$4,213,884	\$4,952,492	\$6,320,420

GRIFFIN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2008	FY 2009	FY 2010
19	Principal Payments	\$0	\$1,305,000	\$1,305,000
G. <u>Other Financial Ratios</u>				
20	Average Age of Plant	15.6	14.3	12.2
21	Accumulated Depreciation	\$65,913,873	\$70,837,887	\$77,052,764
22	Depreciation and Amortization Expense	\$4,213,884	\$4,952,492	\$6,320,420
H. <u>Utilization Measures Summary</u>				
1	Patient Days	34,817	33,581	33,429
2	Discharges	7,617	7,533	7,719
3	ALOS	4.6	4.5	4.3
4	Staffed Beds	97	95	94
5	Available Beds	-	180	180
6	Licensed Beds	180	180	180
6	Occupancy of Staffed Beds	98.3%	96.8%	97.4%
7	Occupancy of Available Beds	53.0%	51.1%	50.9%
8	Full Time Equivalent Employees	895.0	929.1	958.0
I. <u>Hospital Gross Revenue Payer Mix Percentage</u>				
1	Non-Government Gross Revenue Payer Mix Percentage	39.4%	38.8%	38.8%
2	Medicare Gross Revenue Payer Mix Percentage	47.0%	46.2%	46.1%
3	Medicaid Gross Revenue Payer Mix Percentage	7.9%	9.0%	11.1%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	2.7%	2.9%	1.3%
5	Uninsured Gross Revenue Payer Mix Percentage	2.8%	3.0%	2.6%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.1%	0.1%	0.2%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$127,679,767	\$137,125,385	\$147,824,225
9	Medicare Gross Revenue (Charges)	\$152,047,014	\$163,457,404	\$175,839,343
10	Medicaid Gross Revenue (Charges)	\$25,679,395	\$31,717,375	\$42,452,421
11	Other Medical Assistance Gross Revenue (Charges)	\$8,804,113	\$10,308,702	\$4,782,164
12	Uninsured Gross Revenue (Charges)	\$9,018,690	\$10,522,453	\$9,742,915
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$466,529	\$341,603	\$603,123
14	Total Gross Revenue (Charges)	\$323,695,508	\$353,472,922	\$381,244,191
J. <u>Hospital Net Revenue Payer Mix Percentage</u>				
1	Non-Government Net Revenue Payer Mix Percentage	42.0%	43.0%	46.6%

GRIFFIN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2008	FY 2009	FY 2010
2	Medicare Net Revenue Payer Mix Percentage	47.1%	45.2%	43.1%
3	Medicaid Net Revenue Payer Mix Percentage	6.7%	7.6%	9.6%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	1.6%	1.7%	0.1%
5	Uninsured Net Revenue Payer Mix Percentage	2.5%	2.4%	0.5%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.1%	0.1%	0.2%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$45,144,211	\$48,961,336	\$54,824,097
9	Medicare Net Revenue (Payments)	\$50,637,929	\$51,443,487	\$50,678,054
10	Medicaid Net Revenue (Payments)	\$7,195,572	\$8,637,405	\$11,304,888
11	Other Medical Assistance Net Revenue (Payments)	\$1,699,202	\$1,962,550	\$62,510
12	Uninsured Net Revenue (Payments)	\$2,728,892	\$2,746,197	\$539,191
13	CHAMPUS / TRICARE Net Revenue Payments)	\$157,064	\$115,033	\$236,577
14	Total Net Revenue (Payments)	\$107,562,870	\$113,866,008	\$117,645,317
K.	Discharges			
1	Non-Government (Including Self Pay / Uninsured)	2,821	2,727	2,697
2	Medicare	3,594	3,622	3,673
3	Medical Assistance	1,179	1,178	1,339
4	Medicaid	1,008	1,024	1,278
5	Other Medical Assistance	171	154	61
6	CHAMPUS / TRICARE	23	6	10
7	Uninsured (Included In Non-Government)	85	89	103
8	Total	7,617	7,533	7,719
L.	Case Mix Index			
1	Non-Government (Including Self Pay / Uninsured)	0.939150	0.954310	0.967800
2	Medicare	1.323940	1.337620	1.321630
3	Medical Assistance	0.748295	0.811608	0.723383
4	Medicaid	0.714480	0.768560	0.714430
5	Other Medical Assistance	0.947630	1.097850	0.910970
6	CHAMPUS / TRICARE	0.650980	0.472250	0.825280
7	Uninsured (Included In Non-Government)	0.982490	0.974390	0.846600
8	Total Case Mix Index	1.090297	1.115912	1.093582
M.	Emergency Department Visits			
1	Emergency Room - Treated and Admitted	5,413	5,426	5,533
2	Emergency Room - Treated and Discharged	33,483	33,789	33,402
3	Total Emergency Room Visits	38,896	39,215	38,935

**GRIFFIN HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. MEDICARE MANAGED CARE					
A. ANTHEM - MEDICARE BLUE CONNECTICUT					
1	Inpatient Charges	\$370,873	\$171,928	(\$198,945)	-54%
2	Inpatient Payments	\$143,710	\$42,901	(\$100,809)	-70%
3	Outpatient Charges	\$324,943	\$474,749	\$149,806	46%
4	Outpatient Payments	\$73,456	\$162,818	\$89,362	122%
5	Discharges	9	8	(1)	-11%
6	Patient Days	57	35	(22)	-39%
7	Outpatient Visits (Excludes ED Visits)	250	132	(118)	-47%
8	Emergency Department Outpatient Visits	22	18	(4)	-18%
9	Emergency Department Inpatient Admissions	6	7	1	17%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$695,816	\$646,677	(\$49,139)	-7%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$217,166	\$205,719	(\$11,447)	-5%
B. CIGNA HEALTHCARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
C. CONNECTICARE, INC.					
1	Inpatient Charges	\$1,463,333	\$1,830,095	\$366,762	25%
2	Inpatient Payments	\$500,251	\$495,370	(\$4,881)	-1%
3	Outpatient Charges	\$1,258,193	\$1,519,553	\$261,360	21%
4	Outpatient Payments	\$346,678	\$241,179	(\$105,499)	-30%
5	Discharges	54	56	2	4%
6	Patient Days	240	235	(5)	-2%
7	Outpatient Visits (Excludes ED Visits)	708	867	159	22%
8	Emergency Department Outpatient Visits	80	109	29	36%
9	Emergency Department Inpatient Admissions	45	43	(2)	-4%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$2,721,526	\$3,349,648	\$628,122	23%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$846,929	\$736,549	(\$110,380)	-13%

**GRIFFIN HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
D. HEALTHNET OF CONNECTICUT					
1	Inpatient Charges	\$26,423,383	\$25,092,306	(\$1,331,077)	-5%
2	Inpatient Payments	\$8,397,882	\$6,934,693	(\$1,463,189)	-17%
3	Outpatient Charges	\$14,055,147	\$15,275,736	\$1,220,589	9%
4	Outpatient Payments	\$3,171,178	\$2,804,103	(\$367,075)	-12%
5	Discharges	874	835	(39)	-4%
6	Patient Days	4,548	3,966	(582)	-13%
7	Outpatient Visits (Excludes ED Visits)	8,114	9,068	954	12%
8	Emergency Department Outpatient Visits	1,177	1,149	(28)	-2%
9	Emergency Department Inpatient Admissions	781	753	(28)	-4%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$40,478,530	\$40,368,042	(\$110,488)	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$11,569,060	\$9,738,796	(\$1,830,264)	-16%
E. OTHER MEDICARE MANAGED CARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE					
1	Inpatient Charges	\$668,048	\$1,073,157	\$405,109	61%
2	Inpatient Payments	\$280,656	\$438,294	\$157,638	56%
3	Outpatient Charges	\$492,704	\$965,279	\$472,575	96%
4	Outpatient Payments	\$108,729	\$330,890	\$222,161	204%
5	Discharges	28	39	11	39%
6	Patient Days	129	216	87	67%
7	Outpatient Visits (Excludes ED Visits)	229	625	396	173%
8	Emergency Department Outpatient Visits	47	105	58	123%
9	Emergency Department Inpatient Admissions	24	44	20	83%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,160,752	\$2,038,436	\$877,684	76%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$389,385	\$769,184	\$379,799	98%

**GRIFFIN HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
G. UNITED HEALTHCARE INSURANCE COMPANY					
1	Inpatient Charges	\$336,220	\$182,316	(\$153,904)	-46%
2	Inpatient Payments	\$132,614	\$182,316	\$49,702	37%
3	Outpatient Charges	\$747,615	\$359,545	(\$388,070)	-52%
4	Outpatient Payments	\$224,130	\$359,545	\$135,415	60%
5	Discharges	13	7	(6)	-46%
6	Patient Days	58	29	(29)	-50%
7	Outpatient Visits (Excludes ED Visits)	162	0	(162)	-100%
8	Emergency Department Outpatient Visits	33	0	(33)	-100%
9	Emergency Department Inpatient Admissions	13	0	(13)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,083,835	\$541,861	(\$541,974)	-50%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$356,744	\$541,861	\$185,117	52%
H. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
I. AETNA					
1	Inpatient Charges	\$287,796	\$978,368	\$690,572	240%
2	Inpatient Payments	\$67,857	\$318,231	\$250,374	369%
3	Outpatient Charges	\$334,693	\$789,509	\$454,816	136%
4	Outpatient Payments	\$58,880	\$131,592	\$72,712	123%
5	Discharges	9	33	24	267%
6	Patient Days	46	109	63	137%
7	Outpatient Visits (Excludes ED Visits)	196	451	255	130%
8	Emergency Department Outpatient Visits	31	50	19	61%
9	Emergency Department Inpatient Admissions	7	23	16	229%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$622,489	\$1,767,877	\$1,145,388	184%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$126,737	\$449,823	\$323,086	255%

**GRIFFIN HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
J. HUMANA					
1	Inpatient Charges	\$0	\$451,320	\$451,320	0%
2	Inpatient Payments	\$0	\$451,320	\$451,320	0%
3	Outpatient Charges	\$0	\$45,001	\$45,001	0%
4	Outpatient Payments	\$0	\$45,001	\$45,001	0%
5	Discharges	0	7	7	0%
6	Patient Days	0	59	59	0%
7	Outpatient Visits (Excludes ED Visits)	0	9	9	0%
8	Emergency Department Outpatient Visits	0	13	13	0%
9	Emergency Department Inpatient Admissions	0	7	7	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$496,321	\$496,321	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$496,321	\$496,321	0%
K. SECURE HORIZONS					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
L. UNICARE LIFE & HEALTH INSURANCE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**GRIFFIN HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
M. UNIVERSAL AMERICAN					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
N. EVERCARE					
1	Inpatient Charges	\$0	\$840,408	\$840,408	0%
2	Inpatient Payments	\$0	\$200,123	\$200,123	0%
3	Outpatient Charges	\$0	\$764,517	\$764,517	0%
4	Outpatient Payments	\$0	\$124,361	\$124,361	0%
5	Discharges	0	29	29	0%
6	Patient Days	0	128	128	0%
7	Outpatient Visits (Excludes ED Visits)	0	374	374	0%
8	Emergency Department Outpatient Visits	0	65	65	0%
9	Emergency Department Inpatient Admissions	0	27	27	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$1,604,925	\$1,604,925	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$324,484	\$324,484	0%
II. TOTAL MEDICARE MANAGED CARE					
	TOTAL INPATIENT CHARGES	\$29,549,653	\$30,619,898	\$1,070,245	4%
	TOTAL INPATIENT PAYMENTS	\$9,522,970	\$9,063,248	(\$459,722)	-5%
	TOTAL OUTPATIENT CHARGES	\$17,213,295	\$20,193,889	\$2,980,594	17%
	TOTAL OUTPATIENT PAYMENTS	\$3,983,051	\$4,199,489	\$216,438	5%
	TOTAL DISCHARGES	987	1,014	27	3%
	TOTAL PATIENT DAYS	5,078	4,777	(301)	-6%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	9,659	11,526	1,867	19%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	1,390	1,509	119	9%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	876	904	28	3%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$46,762,948	\$50,813,787	\$4,050,839	9%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$13,506,021	\$13,262,737	(\$243,284)	-2%

**GRIFFIN HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2009 ACTUAL	(4) FY 2010 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
I. MEDICAID MANAGED CARE					
A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT					
1	Inpatient Charges	\$967,214	\$0	(\$967,214)	-100%
2	Inpatient Payments	\$324,017	\$0	(\$324,017)	-100%
3	Outpatient Charges	\$1,663,328	\$0	(\$1,663,328)	-100%
4	Outpatient Payments	\$396,532	\$0	(\$396,532)	-100%
5	Discharges	98	0	(98)	-100%
6	Patient Days	255	0	(255)	-100%
7	Outpatient Visits (Excludes ED Visits)	525	0	(525)	-100%
8	Emergency Department Outpatient Visits	832	0	(832)	-100%
9	Emergency Department Inpatient Admissions	19	0	(19)	-100%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$2,630,542	\$0	(\$2,630,542)	-100%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$720,549	\$0	(\$720,549)	-100%
B. COMMUNITY HEALTH NETWORK OF CT					
1	Inpatient Charges	\$3,832,742	\$4,587,322	\$754,580	20%
2	Inpatient Payments	\$1,283,970	\$1,115,480	(\$168,490)	-13%
3	Outpatient Charges	\$5,356,251	\$7,864,691	\$2,508,440	47%
4	Outpatient Payments	\$1,276,913	\$1,780,669	\$503,756	39%
5	Discharges	339	404	65	19%
6	Patient Days	1,131	1,266	135	12%
7	Outpatient Visits (Excludes ED Visits)	2,744	2,708	(36)	-1%
8	Emergency Department Outpatient Visits	3,094	3,513	419	14%
9	Emergency Department Inpatient Admissions	140	85	(55)	-39%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$9,188,993	\$12,452,013	\$3,263,020	36%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$2,560,883	\$2,896,149	\$335,266	13%
C. HEALTHNET OF THE NORTHEAST, INC.					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$0	\$0	\$0	0%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$0	\$0	\$0	0%

**GRIFFIN HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2009 ACTUAL	(4) FY 2010 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
D. OTHER MEDICAID MANAGED CARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
E. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
F. FIRST CHOICE OF CONNECTICUT, PREFERRED ONE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%

**GRIFFIN HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2009 ACTUAL	(4) FY 2010 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
	G. UNITED HEALTHCARE				
1	Inpatient Charges	\$710,269	\$1,511,773	\$801,504	113%
2	Inpatient Payments	\$237,940	\$367,612	\$129,672	54%
3	Outpatient Charges	\$1,391,373	\$2,803,636	\$1,412,263	102%
4	Outpatient Payments	\$331,699	\$634,780	\$303,081	91%
5	Discharges	53	156	103	194%
6	Patient Days	139	362	223	160%
7	Outpatient Visits (Excludes ED Visits)	386	773	387	100%
8	Emergency Department Outpatient Visits	842	1,314	472	56%
9	Emergency Department Inpatient Admissions	14	22	8	57%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$2,101,642	\$4,315,409	\$2,213,767	105%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$569,639	\$1,002,392	\$432,753	76%
	H. AETNA				
1	Inpatient Charges	\$1,763,077	\$2,479,937	\$716,860	41%
2	Inpatient Payments	\$590,632	\$603,036	\$12,404	2%
3	Outpatient Charges	\$3,516,005	\$4,114,091	\$598,086	17%
4	Outpatient Payments	\$838,205	\$931,484	\$93,279	11%
5	Discharges	149	128	(21)	-14%
6	Patient Days	639	414	(225)	-35%
7	Outpatient Visits (Excludes ED Visits)	645	1,282	637	99%
8	Emergency Department Outpatient Visits	1,421	1,882	461	32%
9	Emergency Department Inpatient Admissions	19	32	13	68%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$5,279,082	\$6,594,028	\$1,314,946	25%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,428,837	\$1,534,520	\$105,683	7%
	II. TOTAL MEDICAID MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$7,273,302	\$8,579,032	\$1,305,730	18%
	TOTAL INPATIENT PAYMENTS	\$2,436,559	\$2,086,128	(\$350,431)	-14%
	TOTAL OUTPATIENT CHARGES	\$11,926,957	\$14,782,418	\$2,855,461	24%
	TOTAL OUTPATIENT PAYMENTS	\$2,843,349	\$3,346,933	\$503,584	18%
	TOTAL DISCHARGES	639	688	49	8%
	TOTAL PATIENT DAYS	2,164	2,042	(122)	-6%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	4,300	4,763	463	11%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	6,189	6,709	520	8%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	192	139	(53)	-28%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$19,200,259	\$23,361,450	\$4,161,191	22%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$5,279,908	\$5,433,061	\$153,153	3%

**GRIFFIN HOSPITAL
 TWELVE MONTHS ACTUAL FILING
 FISCAL YEAR 2010
 REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2009 ACTUAL	(4) FY 2010 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE

GRIFFIN HEALTH SERVICES CORPORATION					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009	FY 2010	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$9,064,634	\$9,021,743	(\$42,891)	0%
2	Short Term Investments	\$33,771,653	\$38,040,516	\$4,268,863	13%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$17,201,535	\$15,556,957	(\$1,644,578)	-10%
4	Current Assets Whose Use is Limited for Current Liabilities	\$617,399	\$522,512	(\$94,887)	-15%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$196,080	\$0	(\$196,080)	-100%
7	Inventories of Supplies	\$0	\$0	\$0	0%
8	Prepaid Expenses	\$0	\$0	\$0	0%
9	Other Current Assets	\$5,303,584	\$7,346,270	\$2,042,686	39%
	Total Current Assets	\$66,154,885	\$70,487,998	\$4,333,113	7%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$3,518,834	\$3,644,228	\$125,394	4%
2	Board Designated for Capital Acquisition	\$1,301,469	\$1,634,527	\$333,058	26%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$8,806,083	\$4,477,576	(\$4,328,507)	-49%
	Total Noncurrent Assets Whose Use is Limited:	\$13,626,386	\$9,756,331	(\$3,870,055)	-28%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$2,269,873	\$2,482,019	\$212,146	9%
7	Other Noncurrent Assets	\$10,970,768	\$12,165,117	\$1,194,349	11%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$133,421,910	\$148,122,419	\$14,700,509	11%
2	Less: Accumulated Depreciation	\$73,686,871	\$80,185,854	\$6,498,983	\$0
	Property, Plant and Equipment, Net	\$59,735,039	\$67,936,565	\$8,201,526	14%
3	Construction in Progress	\$7,410,646	\$645,569	(\$6,765,077)	-91%
	Total Net Fixed Assets	\$67,145,685	\$68,582,134	\$1,436,449	2%
	Total Assets	\$160,167,597	\$163,473,599	\$3,306,002	2%

GRIFFIN HEALTH SERVICES CORPORATION					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009	FY 2010	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$18,636,239	\$20,039,824	\$1,403,585	8%
2	Salaries, Wages and Payroll Taxes	\$0	\$0	\$0	0%
3	Due To Third Party Payers	\$0	\$0	\$0	0%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$5,594,145	\$6,372,994	\$778,849	14%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$11,055,709	\$9,601,441	(\$1,454,268)	-13%
	Total Current Liabilities	\$35,286,093	\$36,014,259	\$728,166	2%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$54,070,257	\$52,830,526	(\$1,239,731)	-2%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	Total Long Term Debt	\$54,070,257	\$52,830,526	(\$1,239,731)	-2%
3	Accrued Pension Liability	\$31,533,528	\$36,275,269	\$4,741,741	15%
4	Other Long Term Liabilities	\$48,260,281	\$53,975,488	\$5,715,207	12%
	Total Long Term Liabilities	\$133,864,066	\$143,081,283	\$9,217,217	7%
5	Interest in Net Assets of Affiliates or Joint	\$434,394	\$592,664	\$158,270	36%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	(\$17,448,476)	(\$24,116,314)	(\$6,667,838)	38%
2	Temporarily Restricted Net Assets	\$2,352,425	\$2,097,218	(\$255,207)	-11%
3	Permanently Restricted Net Assets	\$5,679,095	\$5,804,489	\$125,394	2%
	Total Net Assets	(\$9,416,956)	(\$16,214,607)	(\$6,797,651)	72%
	Total Liabilities and Net Assets	\$160,167,597	\$163,473,599	\$3,306,002	2%

GRIFFIN HEALTH SERVICES CORPORATION					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 350 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009	FY 2010	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$358,002,884	\$387,591,273	\$29,588,389	8%
2	Less: Allowances	\$230,660,534	\$257,846,088	\$27,185,554	12%
3	Less: Charity Care	\$5,752,621	\$8,959,000	\$3,206,379	56%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$121,589,729	\$120,786,185	(\$803,544)	-1%
5	Other Operating Revenue	\$13,516,375	\$14,240,073	\$723,698	5%
6	Net Assets Released from Restrictions	\$399,666	\$317,227	(\$82,439)	-21%
	Total Operating Revenue	\$135,505,770	\$135,343,485	(\$162,285)	0%
B. Operating Expenses:					
1	Salaries and Wages	\$57,326,998	\$58,564,101	\$1,237,103	2%
2	Fringe Benefits	\$15,049,653	\$13,222,009	(\$1,827,644)	-12%
3	Physicians Fees	\$3,046,267	\$3,414,543	\$368,276	12%
4	Supplies and Drugs	\$16,410,526	\$17,987,578	\$1,577,052	10%
5	Depreciation and Amortization	\$5,148,785	\$6,533,158	\$1,384,373	27%
6	Bad Debts	\$6,428,103	\$1,431,870	(\$4,996,233)	-78%
7	Interest	\$2,727,005	\$2,792,860	\$65,855	2%
8	Malpractice	\$3,339,970	\$1,495,789	(\$1,844,181)	-55%
9	Other Operating Expenses	\$25,862,349	\$31,153,276	\$5,290,927	20%
	Total Operating Expenses	\$135,339,656	\$136,595,184	\$1,255,528	1%
	Income/(Loss) From Operations	\$166,114	(\$1,251,699)	(\$1,417,813)	-854%
C. Non-Operating Revenue:					
1	Income from Investments	\$1,507,706	\$2,155,938	\$648,232	43%
2	Gifts, Contributions and Donations	\$265,932	\$289,794	\$23,862	9%
3	Other Non-Operating Gains/(Losses)	(\$188,227)	(\$328,633)	(\$140,406)	75%
	Total Non-Operating Revenue	\$1,585,411	\$2,117,099	\$531,688	34%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$1,751,525	\$865,400	(\$886,125)	-51%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	(\$5,856,428)	(\$3,623,975)	\$2,232,453	-38%
	Total Other Adjustments	(\$5,856,428)	(\$3,623,975)	\$2,232,453	-38%
	Excess/(Deficiency) of Revenue Over Expenses	(\$4,104,903)	(\$2,758,575)	\$1,346,328	-33%

GRIFFIN HEALTH SERVICES CORPORATION

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2010

REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS

(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2008	FY 2009	FY 2010
A. Parent Corporation Statement of Operations Summary				
1	Net Patient Revenue	\$116,725,457	\$121,589,729	\$120,786,185
2	Other Operating Revenue	14,696,367	13,916,041	14,557,300
3	Total Operating Revenue	\$131,421,824	\$135,505,770	\$135,343,485
4	Total Operating Expenses	130,886,737	135,339,656	136,595,184
5	Income/(Loss) From Operations	\$535,087	\$166,114	(\$1,251,699)
6	Total Non-Operating Revenue	(4,956,112)	(4,271,017)	(1,506,876)
7	Excess/(Deficiency) of Revenue Over Expenses	(\$4,421,025)	(\$4,104,903)	(\$2,758,575)
B. Parent Corporation Profitability Summary				
1	Parent Corporation Operating Margin	0.42%	0.13%	-0.94%
2	Parent Corporation Non-Operating Margin	-3.92%	-3.25%	-1.13%
3	Parent Corporation Total Margin	-3.50%	-3.13%	-2.06%
4	Income/(Loss) From Operations	\$535,087	\$166,114	(\$1,251,699)
5	Total Operating Revenue	\$131,421,824	\$135,505,770	\$135,343,485
6	Total Non-Operating Revenue	(\$4,956,112)	(\$4,271,017)	(\$1,506,876)
7	Total Revenue	\$126,465,712	\$131,234,753	\$133,836,609
8	Excess/(Deficiency) of Revenue Over Expenses	(\$4,421,025)	(\$4,104,903)	(\$2,758,575)
C. Parent Corporation Net Assets Summary				
1	Parent Corporation Unrestricted Net Assets	\$7,705,061	(\$17,448,476)	-\$24,116,314
2	Parent Corporation Total Net Assets	\$15,235,731	(\$9,416,956)	(\$16,214,607)
3	Parent Corporation Change in Total Net Assets	(\$7,985,677)	(\$24,652,687)	(\$6,797,651)
4	Parent Corporation Change in Total Net Assets %	65.6%	-161.8%	72.2%

GRIFFIN HEALTH SERVICES CORPORATION				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2008	FY 2009	FY 2010
	D. Liquidity Measures Summary			
1	Current Ratio	1.72	1.87	1.96
2	Total Current Assets	\$60,104,967	\$66,154,885	\$70,487,998
3	Total Current Liabilities	\$34,906,789	\$35,286,093	\$36,014,259
4	Days Cash on Hand	111	120	132
5	Cash and Cash Equivalents	\$9,128,704	\$9,064,634	\$9,021,743
6	Short Term Investments	29,182,296	33,771,653	38,040,516
7	Total Cash and Short Term Investments	\$38,311,000	\$42,836,287	\$47,062,259
8	Total Operating Expenses	\$130,886,737	\$135,339,656	\$136,595,184
9	Depreciation Expense	\$4,379,814	\$5,148,785	\$6,533,158
10	Operating Expenses less Depreciation Expense	\$126,506,923	\$130,190,871	\$130,062,026
11	Days Revenue in Patient Accounts Receivable	46	52	47
12	Net Patient Accounts Receivable	\$ 14,398,367	\$ 17,201,535	\$ 15,556,957
13	Due From Third Party Payers	\$438,065	\$196,080	\$0
14	Due To Third Party Payers	\$0	\$0	\$0
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 14,836,432	\$ 17,397,615	\$ 15,556,957
16	Total Net Patient Revenue	\$116,725,457	\$121,589,729	\$120,786,185
17	Average Payment Period	101	99	101
18	Total Current Liabilities	\$34,906,789	\$35,286,093	\$36,014,259
19	Total Operating Expenses	\$130,886,737	\$135,339,656	\$136,595,184
20	Depreciation Expense	\$4,379,814	\$5,148,785	\$6,533,158
21	Total Operating Expenses less Depreciation Expense	\$126,506,923	\$130,190,871	\$130,062,026

GRIFFIN HEALTH SERVICES CORPORATION				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2008	FY 2009	FY 2010
E.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	10.3	(5.9)	(9.9)
2	Total Net Assets	\$15,235,731	(\$9,416,956)	(\$16,214,607)
3	Total Assets	\$148,124,662	\$160,167,597	\$163,473,599
4	<u>Cash Flow to Total Debt Ratio</u>	(0.0)	1.2	4.2
5	Excess/(Deficiency) of Revenues Over Expenses	(\$4,421,025)	(\$4,104,903)	(\$2,758,575)
6	Depreciation Expense	\$4,379,814	\$5,148,785	\$6,533,158
7	Excess of Revenues Over Expenses and Depreciation Expense	(\$41,211)	\$1,043,882	\$3,774,583
8	Total Current Liabilities	\$34,906,789	\$35,286,093	\$36,014,259
9	Total Long Term Debt	\$56,988,702	\$54,070,257	\$52,830,526
10	Total Current Liabilities and Total Long Term Debt	\$91,895,491	\$89,356,350	\$88,844,785
11	<u>Long Term Debt to Capitalization Ratio</u>	78.9	121.1	144.3
12	Total Long Term Debt	\$56,988,702	\$54,070,257	\$52,830,526
13	Total Net Assets	\$15,235,731	(\$9,416,956)	(\$16,214,607)
14	Total Long Term Debt and Total Net Assets	\$72,224,433	\$44,653,301	\$36,615,919

GRIFFIN HOSPITAL						
TWELVE MONTHS ACTUAL FILING						
FISCAL YEAR 2010						
REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT						
(1)	(2)	(3)	(4)	(5)	(6)	(7)
		PATIENT	STAFFED	AVAILABLE	OCCUPANCY	OCCUPANCY
LINE	DESCRIPTION	DAYS	BEDS (A)	BEDS	OF STAFFED	OF AVAILABLE
					BEDS (A)	BEDS
1	Adult Medical/Surgical	22,409	62	118	99.0%	52.0%
2	ICU/CCU (Excludes Neonatal ICU)	3,144	9	14	95.7%	61.5%
3	Psychiatric: Ages 0 to 17	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	4,517	13	16	95.2%	77.3%
	TOTAL PSYCHIATRIC	4,517	13	16	95.2%	77.3%
5	Rehabilitation	0	0	0	0.0%	0.0%
6	Maternity	1,806	5	12	99.0%	41.2%
7	Newborn	1,553	5	20	85.1%	21.3%
8	Neonatal ICU	0	0	0	0.0%	0.0%
9	Pediatric	0	0	0	0.0%	0.0%
10	Other	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	31,876	89	160	98.1%	54.6%
	TOTAL INPATIENT BED UTILIZATION	33,429	94	180	97.4%	50.9%
	TOTAL INPATIENT REPORTED YEAR	33,429	94	180	97.4%	50.9%
	TOTAL INPATIENT PRIOR YEAR	33,581	95	180	96.8%	51.1%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	-152	-1	0	0.6%	-0.2%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	0%	-1%	0%	1%	0%
	Total Licensed Beds and Bassinets	180				
(A) This number may not exceed the number of available beds for each department or in total.						

GRIFFIN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
A. CT Scans (A)					
1	Inpatient Scans	5,438	5,493	55	1%
2	Outpatient Scans (Excluding Emergency Department Scans)	5,757	5,479	-278	-5%
3	Emergency Department Scans	5,887	6,826	939	16%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total CT Scans	17,082	17,798	716	4%
B. MRI Scans (A)					
1	Inpatient Scans	468	455	-13	-3%
2	Outpatient Scans (Excluding Emergency Department Scans)	3,328	4,094	766	23%
3	Emergency Department Scans	45	43	-2	-4%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total MRI Scans	3,841	4,592	751	20%
C. PET Scans (A)					
1	Inpatient Scans	2	3	1	50%
2	Outpatient Scans (Excluding Emergency Department Scans)	249	283	34	14%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET Scans	251	286	35	14%
D. PET/CT Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	0	0	0	0%
(A) If the Hospital is not the primary provider of these scans, the Hospital must obtain the fiscal year volume of each of these types of scans from the primary provider of the scans.					
E. Linear Accelerator Procedures					
1	Inpatient Procedures	133	122	-11	-8%
2	Outpatient Procedures	4,107	5,268	1,161	28%
	Total Linear Accelerator Procedures	4,240	5,390	1,150	27%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	Total Cardiac Catheterization Procedures	0	0	0	0%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	0	0	0	0%
2	Elective Procedures	0	0	0	0%
	Total Cardiac Angioplasty Procedures	0	0	0	0%
H. Electrophysiology Studies					
1	Inpatient Studies	0	0	0	0%
2	Outpatient Studies	0	0	0	0%
	Total Electrophysiology Studies	0	0	0	0%
I. Surgical Procedures					
1	Inpatient Surgical Procedures	1,279	1,399	120	9%
2	Outpatient Surgical Procedures	2,857	3,023	166	6%
	Total Surgical Procedures	4,136	4,422	286	7%
J. Endoscopy Procedures					

GRIFFIN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
1	Inpatient Endoscopy Procedures	367	380	13	4%
2	Outpatient Endoscopy Procedures	2,982	2,903	-79	-3%
	Total Endoscopy Procedures	3,349	3,283	-66	-2%
K.	Hospital Emergency Room Visits				
1	Emergency Room Visits: Treated and Admitted	5,426	5,533	107	2%
2	Emergency Room Visits: Treated and Discharged	33,789	33,402	-387	-1%
	Total Emergency Room Visits	39,215	38,935	-280	-1%
L.	Hospital Clinic Visits				
1	Substance Abuse Treatment Clinic Visits	6,397	5,480	-917	-14%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	5,674	5,461	-213	-4%
4	Medical Clinic Visits	129	65	-64	-50%
5	Specialty Clinic Visits	0	0	0	0%
	Total Hospital Clinic Visits	12,200	11,006	-1,194	-10%
M.	Other Hospital Outpatient Visits				
1	Rehabilitation (PT/OT/ST)	10,828	11,908	1,080	10%
2	Cardiology	2,961	2,902	-59	-2%
3	Chemotherapy	990	964	-26	-3%
4	Gastroenterology	0	0	0	0%
5	Other Outpatient Visits	49,253	50,980	1,727	4%
	Total Other Hospital Outpatient Visits	64,032	66,754	2,722	4%
N.	Hospital Full Time Equivalent Employees				
1	Total Nursing FTEs	278.3	305.0	26.7	10%
2	Total Physician FTEs	63.1	64.0	0.9	1%
3	Total Non-Nursing and Non-Physician FTEs	587.7	589.0	1.3	0%
	Total Hospital Full Time Equivalent Employees	929.1	958.0	28.9	3%

GRIFFIN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
A. Outpatient Surgical Procedures					
1	GRIFFIN HOSPITAL	2,857	3,023	166	6%
	Total Outpatient Surgical Procedures(A)	2,857	3,023	166	6%
B. Outpatient Endoscopy Procedures					
1	GRIFFIN HOSPITAL	2,982	2,903	-79	-3%
	Total Outpatient Endoscopy Procedures(B)	2,982	2,903	-79	-3%
C. Outpatient Hospital Emergency Room Visits					
1	GRIFFIN HOSPITAL	33,789	0	-33,789	-100%
2	GRIFFIN HOSPITAL	33,789	33,402	-387	-1%
	Total Outpatient Hospital Emergency Room Visits(C)	67,578	33,402	-34,176	-51%
(A) Must agree with Total Outpatient Surgical Procedures on Report 450.					
(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.					
(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.					

GRIFFIN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
I. DATA BY MAJOR PAYER CATEGORY					
A. MEDICARE					
MEDICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$103,908,058	\$109,615,387	\$5,707,329	5%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$38,260,545	\$37,414,146	(\$846,399)	-2%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	36.82%	34.13%	-2.69%	-7%
4	DISCHARGES	3,622	3,673	51	1%
5	CASE MIX INDEX (CMI)	1.33762	1.32163	(0.01599)	-1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	4,844,85964	4,854,34699	9,48735	0%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,897.14	\$7,707.35	(\$189.79)	-2%
8	PATIENT DAYS	18,712	18,623	(89)	0%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,044.71	\$2,009.03	(\$35.68)	-2%
10	AVERAGE LENGTH OF STAY	5.2	5.1	(0.1)	-2%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$59,549,346	\$66,223,956	\$6,674,610	11%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$13,182,942	\$13,263,908	\$80,966	1%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	22.14%	20.03%	-2.11%	-10%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	57.31%	60.41%	3.11%	5%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,075.75558	2,219.03692	143.28134	7%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$6,350.91	\$5,977.33	(\$373.59)	-6%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$163,457,404	\$175,839,343	\$12,381,939	8%
18	TOTAL ACCRUED PAYMENTS	\$51,443,487	\$50,678,054	(\$765,433)	-1%
19	TOTAL ALLOWANCES	\$112,013,917	\$125,161,289	\$13,147,372	12%

GRIFFIN HOSPITAL					
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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)					
NON-GOVERNMENT INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$52,187,742	\$53,498,119	\$1,310,377	3%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$19,689,370	\$19,589,882	(\$99,488)	-1%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	37.73%	36.62%	-1.11%	-3%
4	DISCHARGES	2,727	2,697	(30)	-1%
5	CASE MIX INDEX (CMI)	0.95431	0.96780	0.01349	1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,602.40337	2,610.15660	7.75323	0%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,565.84	\$7,505.25	(\$60.59)	-1%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	\$331.30	\$202.10	(\$129.20)	-39%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$862,179	\$527,506	(\$334,674)	-39%
10	PATIENT DAYS	9,867	9,500	(367)	-4%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,995.48	\$2,062.09	\$66.62	3%
12	AVERAGE LENGTH OF STAY	3.6	3.5	(0.1)	-3%
NON-GOVERNMENT OUTPATIENT					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$95,460,096	\$104,069,021	\$8,608,925	9%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$32,018,163	\$35,773,406	\$3,755,243	12%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	33.54%	34.37%	0.83%	2%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	182.92%	194.53%	11.61%	6%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	4,988.13844	5,246.43025	258.29181	5%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$6,418.86	\$6,818.62	\$399.76	6%
19	MEDICARE - NON-GOVERNMENT OP PMT / OPED	(\$67.95)	(\$841.29)	(\$773.34)	1138%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$338,932)	(\$4,413,780)	(\$4,074,847)	1202%
NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)					
21	TOTAL ACCRUED CHARGES	\$147,647,838	\$157,567,140	\$9,919,302	7%
22	TOTAL ACCRUED PAYMENTS	\$51,707,533	\$55,363,288	\$3,655,755	7%
23	TOTAL ALLOWANCES	\$95,940,305	\$102,203,852	\$6,263,547	7%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$523,247	(\$3,886,274)	(\$4,409,521)	-843%
NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$137,125,385	\$147,824,225	\$10,698,840	8%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$53,243,598	\$55,825,182	\$2,581,584	5%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$83,881,787	\$91,999,043	\$8,117,256	10%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	61.17%	62.24%	1.06%	

GRIFFIN HOSPITAL					
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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
C. UNINSURED					
UNINSURED INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$3,534,949	\$2,077,313	(\$1,457,636)	-41%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$1,331,824	\$114,962	(\$1,216,862)	-91%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	37.68%	5.53%	-32.14%	-85%
4	DISCHARGES	89	103	14	16%
5	CASE MIX INDEX (CMI)	0.97439	0.84660	(0.12779)	-13%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	86.72071	87.19980	0.47909	1%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$15,357.62	\$1,318.37	(\$14,039.25)	-91%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	(\$7,791.78)	\$6,186.88	\$13,978.66	-179%
9	MEDICARE - UNINSURED IP PMT / CMAD	(\$7,460.48)	\$6,388.97	\$13,849.46	-186%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$646,978)	\$557,117	\$1,204,096	-186%
11	PATIENT DAYS	459	326	(133)	-29%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,901.58	\$352.64	(\$2,548.93)	-88%
13	AVERAGE LENGTH OF STAY	5.2	3.2	(2.0)	-39%
UNINSURED OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$6,987,504	\$7,665,602	\$678,098	10%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$1,414,373	\$424,229	(\$990,144)	-70%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	20.24%	5.53%	-14.71%	-73%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	197.67%	369.02%	171.35%	87%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	175.92555	380.08572	204.16017	116%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$8,039.61	\$1,116.14	(\$6,923.47)	-86%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	(\$1,620.75)	\$5,702.48	\$7,323.23	-452%
21	MEDICARE - UNINSURED OP PMT / OPED	(\$1,688.70)	\$4,861.19	\$6,549.88	-388%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$297,085)	\$1,847,667	\$2,144,753	-722%
UNINSURED TOTALS (INPATIENT AND OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$10,522,453	\$9,742,915	(\$779,538)	-7%
24	TOTAL ACCRUED PAYMENTS	\$2,746,197	\$539,191	(\$2,207,006)	-80%
25	TOTAL ALLOWANCES	\$7,776,256	\$9,203,724	\$1,427,468	18%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$944,063)	\$2,404,785	\$3,348,848	-355%

GRIFFIN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
D. STATE OF CONNECTICUT MEDICAID					
MEDICAID INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$14,971,910	\$19,360,773	\$4,388,863	29%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$4,694,083	\$6,098,674	\$1,404,591	30%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	31.35%	31.50%	0.15%	0%
4	DISCHARGES	1,024	1,278	254	25%
5	CASE MIX INDEX (CMI)	0.76856	0.71443	(0.05413)	-7%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	787.00544	913.04154	126.03610	16%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,964.49	\$6,679.51	\$715.03	12%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$1,601.35	\$825.74	(\$775.62)	-48%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$1,932.66	\$1,027.83	(\$904.82)	-47%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,521,011	\$938,456	(\$582,555)	-38%
11	PATIENT DAYS	4,139	4,905	766	19%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,134.11	\$1,243.36	\$109.25	10%
13	AVERAGE LENGTH OF STAY	4.0	3.8	(0.2)	-5%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$16,745,465	\$23,091,648	\$6,346,183	38%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$3,943,322	\$5,206,214	\$1,262,892	32%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	23.55%	22.55%	-1.00%	-4%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	111.85%	119.27%	7.42%	7%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,145.30185	1,524.27417	378.97232	33%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,443.04	\$3,415.54	(\$27.51)	-1%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$2,975.82	\$3,403.08	\$427.26	14%
21	MEDICARE - MEDICAID OP PMT / OPED	\$2,907.87	\$2,561.79	(\$346.08)	-12%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,330,390	\$3,904,870	\$574,480	17%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$31,717,375	\$42,452,421	\$10,735,046	34%
24	TOTAL ACCRUED PAYMENTS	\$8,637,405	\$11,304,888	\$2,667,483	31%
25	TOTAL ALLOWANCES	\$23,079,970	\$31,147,533	\$8,067,563	35%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,851,401	\$4,843,326	(\$8,075)	0%

GRIFFIN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
E. OTHER MEDICAL ASSISTANCE (O.M.A.)					
OTHER MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$5,952,722	\$2,340,357	(\$3,612,365)	-61%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$968,163	\$38,957	(\$929,206)	-96%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	16.26%	1.66%	-14.60%	-90%
4	DISCHARGES	154	61	(93)	-60%
5	CASE MIX INDEX (CMI)	1.09785	0.91097	(0.18688)	-17%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	169.06890	55.56917	(113.49973)	-67%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,726.44	\$701.05	(\$5,025.39)	-88%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$1,839.40	\$6,804.20	\$4,964.80	270%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$2,170.70	\$7,006.29	\$4,835.59	223%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$366,998	\$389,334	\$22,336	6%
11	PATIENT DAYS	847	376	(471)	-56%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,143.05	\$103.61	(\$1,039.44)	-91%
13	AVERAGE LENGTH OF STAY	5.5	6.2	0.7	12%
OTHER MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$4,355,980	\$2,441,807	(\$1,914,173)	-44%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$994,387	\$23,553	(\$970,834)	-98%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	22.83%	0.96%	-21.86%	-96%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	73.18%	104.33%	31.16%	43%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	112.69146	63.64423	(49.04722)	-44%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$8,823.98	\$370.07	(\$8,453.91)	-96%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	(\$2,405.12)	\$6,448.55	\$8,853.66	-368%
21	MEDICARE - O.M.A. OP PMT / CMAD	(\$2,473.07)	\$5,607.25	\$8,080.32	-327%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$278,693)	\$356,869	\$635,563	-228%
OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$10,308,702	\$4,782,164	(\$5,526,538)	-54%
24	TOTAL ACCRUED PAYMENTS	\$1,962,550	\$62,510	(\$1,900,040)	-97%
25	TOTAL ALLOWANCES	\$8,346,152	\$4,719,654	(\$3,626,498)	-43%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$88,305	\$746,203	\$657,899	745%

GRIFFIN HOSPITAL					
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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)					
TOTAL MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$20,924,632	\$21,701,130	\$776,498	4%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$5,662,246	\$6,137,631	\$475,385	8%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	27.06%	28.28%	1.22%	5%
4	DISCHARGES	1,178	1,339	161	14%
5	CASE MIX INDEX (CMI)	0.81161	0.72338	(0.08822)	-11%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	956.07434	968.61071	12.53637	1%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,922.39	\$6,336.53	\$414.14	7%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$1,643.45	\$1,168.72	(\$474.73)	-29%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$1,974.75	\$1,370.82	(\$603.93)	-31%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,888,009	\$1,327,790	(\$560,219)	-30%
11	PATIENT DAYS	4,986	5,281	295	6%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,135.63	\$1,162.21	\$26.58	2%
13	AVERAGE LENGTH OF STAY	4.2	3.9	(0.3)	-7%
TOTAL MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$21,101,445	\$25,533,455	\$4,432,010	21%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$4,937,709	\$5,229,767	\$292,058	6%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	23.40%	20.48%	-2.92%	-12%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	100.84%	117.66%	16.81%	17%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,257.99330	1,587.91840	329.92510	26%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,925.07	\$3,293.47	(\$631.59)	-16%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$2,493.79	\$3,525.15	\$1,031.35	41%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$2,425.84	\$2,683.85	\$258.01	11%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,051,696	\$4,261,740	\$1,210,043	40%
TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$42,026,077	\$47,234,585	\$5,208,508	12%
24	TOTAL ACCRUED PAYMENTS	\$10,599,955	\$11,367,398	\$767,443	7%
25	TOTAL ALLOWANCES	\$31,426,122	\$35,867,187	\$4,441,065	14%

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AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
G. CHAMPUS / TRICARE					
CHAMPUS / TRICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$84,872	\$165,814	\$80,942	95%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$30,178	\$117,332	\$87,154	289%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	35.56%	70.76%	35.20%	99%
4	DISCHARGES	6	10	4	67%
5	CASE MIX INDEX (CMI)	0.47225	0.82528	0.35303	75%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2.83350	8.25280	5.41930	191%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$10,650.43	\$14,217.24	\$3,566.80	33%
8	PATIENT DAYS	16	25	9	56%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,886.13	\$4,693.28	\$2,807.16	149%
10	AVERAGE LENGTH OF STAY	2.7	2.5	(0.2)	-6%
CHAMPUS / TRICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$256,731	\$437,309	\$180,578	70%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$84,855	\$119,245	\$34,390	41%
CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
13	TOTAL ACCRUED CHARGES	\$341,603	\$603,123	\$261,520	77%
14	TOTAL ACCRUED PAYMENTS	\$115,033	\$236,577	\$121,544	106%
15	TOTAL ALLOWANCES	\$226,570	\$366,546	\$139,976	62%
H. OTHER DATA					
1	OTHER OPERATING REVENUE	\$3,255,934	\$3,781,488	\$525,554	16%
2	TOTAL OPERATING EXPENSES	\$119,759,030	\$120,493,484	\$734,454	1%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$595,446	\$529,441	(\$66,005)	-11%
COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)					
4	CHARITY CARE (CHARGES)	\$5,752,621	\$8,958,645	\$3,206,024	56%
5	BAD DEBTS (CHARGES)	\$6,305,896	\$1,246,161	(\$5,059,735)	-80%
6	UNCOMPENSATED CARE (CHARGES)	\$12,058,517	\$10,204,806	(\$1,853,711)	-15%
7	COST OF UNCOMPENSATED CARE	\$3,904,784	\$3,163,197	(\$741,587)	-19%
TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)					
8	TOTAL ACCRUED CHARGES	\$42,026,077	\$47,234,585	\$5,208,508	12%
9	TOTAL ACCRUED PAYMENTS	\$10,599,955	\$11,367,398	\$767,443	7%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$13,608,867	\$14,641,366	\$1,032,499	8%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$3,008,912	\$3,273,968	\$265,056	9%

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LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
II. AGGREGATE DATA					
A. TOTALS - ALL PAYERS					
1	TOTAL INPATIENT CHARGES	\$177,105,304	\$184,980,450	\$7,875,146	4%
2	TOTAL INPATIENT PAYMENTS	\$63,642,339	\$63,258,991	(\$383,348)	-1%
3	TOTAL INPATIENT PAYMENTS / CHARGES	35.93%	34.20%	-1.74%	-5%
4	TOTAL DISCHARGES	7,533	7,719	186	2%
5	TOTAL CASE MIX INDEX	1.11591	1.09358	(0.02233)	-2%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	8,406.17085	8,441.36710	35.19625	0%
7	TOTAL OUTPATIENT CHARGES	\$176,367,618	\$196,263,741	\$19,896,123	11%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	99.58%	106.10%	6.52%	7%
9	TOTAL OUTPATIENT PAYMENTS	\$50,223,669	\$54,386,326	\$4,162,657	8%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	28.48%	27.71%	-0.77%	-3%
11	TOTAL CHARGES	\$353,472,922	\$381,244,191	\$27,771,269	8%
12	TOTAL PAYMENTS	\$113,866,008	\$117,645,317	\$3,779,309	3%
13	TOTAL PAYMENTS / TOTAL CHARGES	32.21%	30.86%	-1.36%	-4%
14	PATIENT DAYS	33,581	33,429	(152)	0%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$124,917,562	\$131,482,331	\$6,564,769	5%
2	INPATIENT PAYMENTS	\$43,952,969	\$43,669,109	(\$283,860)	-1%
3	GOVT. INPATIENT PAYMENTS / CHARGES	35.19%	33.21%	-1.97%	-6%
4	DISCHARGES	4,806	5,022	216	4%
5	CASE MIX INDEX	1.20761	1.16113	(0.04648)	-4%
6	CASE MIX ADJUSTED DISCHARGES	5,803.76748	5,831.21050	27.44302	0%
7	OUTPATIENT CHARGES	\$80,907,522	\$92,194,720	\$11,287,198	14%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	64.77%	70.12%	5.35%	8%
9	OUTPATIENT PAYMENTS	\$18,205,506	\$18,612,920	\$407,414	2%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	22.50%	20.19%	-2.31%	-10%
11	TOTAL CHARGES	\$205,825,084	\$223,677,051	\$17,851,967	9%
12	TOTAL PAYMENTS	\$62,158,475	\$62,282,029	\$123,554	0%
13	TOTAL PAYMENTS / CHARGES	30.20%	27.84%	-2.36%	-8%
14	PATIENT DAYS	23,714	23,929	215	1%
15	TOTAL GOVERNMENT DEDUCTIONS	\$143,666,609	\$161,395,022	\$17,728,413	12%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	5.2	5.1	(0.1)	-2%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.6	3.5	(0.1)	-3%
3	UNINSURED	5.2	3.2	(2.0)	-39%
4	MEDICAID	4.0	3.8	(0.2)	-5%
5	OTHER MEDICAL ASSISTANCE	5.5	6.2	0.7	12%
6	CHAMPUS / TRICARE	2.7	2.5	(0.2)	-6%
7	TOTAL AVERAGE LENGTH OF STAY	4.5	4.3	(0.1)	-3%

GRIFFIN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION					
1	TOTAL CHARGES	\$353,472,922	\$381,244,191	\$27,771,269	8%
2	TOTAL GOVERNMENT DEDUCTIONS	\$143,666,609	\$161,395,022	\$17,728,413	12%
3	UNCOMPENSATED CARE	\$12,058,517	\$10,204,806	(\$1,853,711)	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$83,881,787	\$91,999,043	\$8,117,256	10%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0	0%
6	TOTAL ADJUSTMENTS	\$239,606,913	\$263,598,871	\$23,991,958	10%
7	TOTAL ACCRUED PAYMENTS	\$113,866,009	\$117,645,320	\$3,779,311	3%
8	UCP DSH PYMTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$595,446	\$529,441	(\$66,005)	-11%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$114,461,455	\$118,174,761	\$3,713,306	3%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3238195853	0.3099713092	(0.0138482761)	-4%
11	COST OF UNCOMPENSATED CARE	\$3,904,784	\$3,163,197	(\$741,587)	-19%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$3,008,912	\$3,273,968	\$265,056	9%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$6,913,696	\$6,437,165	(\$476,531)	-7%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$3,330,390	\$3,904,870	\$574,480	17%
2	OTHER MEDICAL ASSISTANCE	\$88,305	\$746,203	\$657,899	745%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	(\$944,063)	\$2,404,785	\$3,348,848	-355%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$2,474,631	\$7,055,858	\$4,581,227	185%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0	0.00%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$4,850,843	(\$88,277)	(\$4,939,120)	-101.82%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$119,312,297	\$118,086,481	(\$1,225,816)	-1.03%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP. AUDIT. FINANCIAL STATEMENTS	\$353,472,922	\$381,244,191	\$27,771,269	7.86%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$0	\$0	\$0	0.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$12,058,517	\$10,204,809	(\$1,853,708)	-15.37%

GRIFFIN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
I. ACCRUED CHARGES AND PAYMENTS				
A. INPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$52,187,742	\$53,498,119	\$1,310,377
2	MEDICARE	\$103,908,058	109,615,387	\$5,707,329
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$20,924,632	21,701,130	\$776,498
4	MEDICAID	\$14,971,910	19,360,773	\$4,388,863
5	OTHER MEDICAL ASSISTANCE	\$5,952,722	2,340,357	(\$3,612,365)
6	CHAMPUS / TRICARE	\$84,872	165,814	\$80,942
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,534,949	2,077,313	(\$1,457,636)
	TOTAL INPATIENT GOVERNMENT CHARGES	\$124,917,562	\$131,482,331	\$6,564,769
	TOTAL INPATIENT CHARGES	\$177,105,304	\$184,980,450	\$7,875,146
B. OUTPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$95,460,096	\$104,069,021	\$8,608,925
2	MEDICARE	\$59,549,346	66,223,956	\$6,674,610
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$21,101,445	25,533,455	\$4,432,010
4	MEDICAID	\$16,745,465	23,091,648	\$6,346,183
5	OTHER MEDICAL ASSISTANCE	\$4,355,980	2,441,807	(\$1,914,173)
6	CHAMPUS / TRICARE	\$256,731	437,309	\$180,578
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$6,987,504	7,665,602	\$678,098
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$80,907,522	\$92,194,720	\$11,287,198
	TOTAL OUTPATIENT CHARGES	\$176,367,618	\$196,263,741	\$19,896,123
C. TOTAL ACCRUED CHARGES				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$147,647,838	\$157,567,140	\$9,919,302
2	TOTAL MEDICARE	\$163,457,404	\$175,839,343	\$12,381,939
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$42,026,077	\$47,234,585	\$5,208,508
4	TOTAL MEDICAID	\$31,717,375	\$42,452,421	\$10,735,046
5	TOTAL OTHER MEDICAL ASSISTANCE	\$10,308,702	\$4,782,164	(\$5,526,538)
6	TOTAL CHAMPUS / TRICARE	\$341,603	\$603,123	\$261,520
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$10,522,453	\$9,742,915	(\$779,538)
	TOTAL GOVERNMENT CHARGES	\$205,825,084	\$223,677,051	\$17,851,967
	TOTAL CHARGES	\$353,472,922	\$381,244,191	\$27,771,269
D. INPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$19,689,370	\$19,589,882	(\$99,488)
2	MEDICARE	\$38,260,545	37,414,146	(\$846,399)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,662,246	6,137,631	\$475,385
4	MEDICAID	\$4,694,083	6,098,674	\$1,404,591
5	OTHER MEDICAL ASSISTANCE	\$968,163	38,957	(\$929,206)
6	CHAMPUS / TRICARE	\$30,178	117,332	\$87,154
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,331,824	114,962	(\$1,216,862)
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$43,952,969	\$43,669,109	(\$283,860)
	TOTAL INPATIENT PAYMENTS	\$63,642,339	\$63,258,991	(\$383,348)
E. OUTPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$32,018,163	\$35,773,406	\$3,755,243
2	MEDICARE	\$13,182,942	13,263,908	\$80,966
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,937,709	5,229,767	\$292,058
4	MEDICAID	\$3,943,322	5,206,214	\$1,262,892
5	OTHER MEDICAL ASSISTANCE	\$994,387	23,553	(\$970,834)
6	CHAMPUS / TRICARE	\$84,855	119,245	\$34,390
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,414,373	424,229	(\$990,144)
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$18,205,506	\$18,612,920	\$407,414
	TOTAL OUTPATIENT PAYMENTS	\$50,223,669	\$54,386,326	\$4,162,657
F. TOTAL ACCRUED PAYMENTS				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$51,707,533	\$55,363,288	\$3,655,755
2	TOTAL MEDICARE	\$51,443,487	\$50,678,054	(\$765,433)
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$10,599,955	\$11,367,398	\$767,443
4	TOTAL MEDICAID	\$8,637,405	\$11,304,888	\$2,667,483
5	TOTAL OTHER MEDICAL ASSISTANCE	\$1,962,550	\$62,510	(\$1,900,040)
6	TOTAL CHAMPUS / TRICARE	\$115,033	\$236,577	\$121,544
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,746,197	\$539,191	(\$2,207,006)
	TOTAL GOVERNMENT PAYMENTS	\$62,158,475	\$62,282,029	\$123,554
	TOTAL PAYMENTS	\$113,866,008	\$117,645,317	\$3,779,309

GRIFFIN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
II. PAYER MIX				
A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	14.76%	14.03%	-0.73%
2	MEDICARE	29.40%	28.75%	-0.64%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.92%	5.69%	-0.23%
4	MEDICAID	4.24%	5.08%	0.84%
5	OTHER MEDICAL ASSISTANCE	1.68%	0.61%	-1.07%
6	CHAMPUS / TRICARE	0.02%	0.04%	0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.00%	0.54%	-0.46%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	35.34%	34.49%	-0.85%
	TOTAL INPATIENT PAYER MIX	50.10%	48.52%	-1.58%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	27.01%	27.30%	0.29%
2	MEDICARE	16.85%	17.37%	0.52%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.97%	6.70%	0.73%
4	MEDICAID	4.74%	6.06%	1.32%
5	OTHER MEDICAL ASSISTANCE	1.23%	0.64%	-0.59%
6	CHAMPUS / TRICARE	0.07%	0.11%	0.04%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.98%	2.01%	0.03%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	22.89%	24.18%	1.29%
	TOTAL OUTPATIENT PAYER MIX	49.90%	51.48%	1.58%
	TOTAL PAYER MIX BASED ON ACCRUED CHARGES	100.00%	100.00%	0.00%
C. INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	17.29%	16.65%	-0.64%
2	MEDICARE	33.60%	31.80%	-1.80%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.97%	5.22%	0.24%
4	MEDICAID	4.12%	5.18%	1.06%
5	OTHER MEDICAL ASSISTANCE	0.85%	0.03%	-0.82%
6	CHAMPUS / TRICARE	0.03%	0.10%	0.07%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.17%	0.10%	-1.07%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	38.60%	37.12%	-1.48%
	TOTAL INPATIENT PAYER MIX	55.89%	53.77%	-2.12%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	28.12%	30.41%	2.29%
2	MEDICARE	11.58%	11.27%	-0.30%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.34%	4.45%	0.11%
4	MEDICAID	3.46%	4.43%	0.96%
5	OTHER MEDICAL ASSISTANCE	0.87%	0.02%	-0.85%
6	CHAMPUS / TRICARE	0.07%	0.10%	0.03%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.24%	0.36%	-0.88%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	15.99%	15.82%	-0.17%
	TOTAL OUTPATIENT PAYER MIX	44.11%	46.23%	2.12%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%

GRIFFIN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA				
A. DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	2,727	2,697	(30)
2	MEDICARE	3,622	3,673	51
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,178	1,339	161
4	MEDICAID	1,024	1,278	254
5	OTHER MEDICAL ASSISTANCE	154	61	(93)
6	CHAMPUS / TRICARE	6	10	4
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	89	103	14
	TOTAL GOVERNMENT DISCHARGES	4,806	5,022	216
	TOTAL DISCHARGES	7,533	7,719	186
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	9,867	9,500	(367)
2	MEDICARE	18,712	18,623	(89)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4,986	5,281	295
4	MEDICAID	4,139	4,905	766
5	OTHER MEDICAL ASSISTANCE	847	376	(471)
6	CHAMPUS / TRICARE	16	25	9
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	459	326	(133)
	TOTAL GOVERNMENT PATIENT DAYS	23,714	23,929	215
	TOTAL PATIENT DAYS	33,581	33,429	(152)
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.6	3.5	(0.1)
2	MEDICARE	5.2	5.1	(0.1)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.2	3.9	(0.3)
4	MEDICAID	4.0	3.8	(0.2)
5	OTHER MEDICAL ASSISTANCE	5.5	6.2	0.7
6	CHAMPUS / TRICARE	2.7	2.5	(0.2)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	5.2	3.2	(2.0)
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	4.9	4.8	(0.2)
	TOTAL AVERAGE LENGTH OF STAY	4.5	4.3	(0.1)
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	0.95431	0.96780	0.01349
2	MEDICARE	1.33762	1.32163	(0.01599)
0	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.81161	0.72338	(0.08822)
4	MEDICAID	0.76856	0.71443	(0.05413)
5	OTHER MEDICAL ASSISTANCE	1.09785	0.91097	(0.18688)
6	CHAMPUS / TRICARE	0.47225	0.82528	0.35303
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.97439	0.84660	(0.12779)
	TOTAL GOVERNMENT CASE MIX INDEX	1.20761	1.16113	(0.04648)
	TOTAL CASE MIX INDEX	1.11591	1.09358	(0.02233)
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$137,125,385	\$147,824,225	\$10,698,840
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$53,243,598	\$55,825,182	\$2,581,584
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$83,881,787	\$91,999,043	\$8,117,256
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	61.17%	62.24%	1.06%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT-OHCA INPUT)	\$595,446	\$529,441	(\$66,005)
8	CHARITY CARE	\$5,752,621	\$8,958,645	\$3,206,024
9	BAD DEBTS	\$6,305,896	\$1,246,161	(\$5,059,735)
10	TOTAL UNCOMPENSATED CARE	\$12,058,517	\$10,204,806	(\$1,853,711)
11	TOTAL OTHER OPERATING REVENUE	\$137,125,385	\$147,824,225	\$10,698,840
12	TOTAL OPERATING EXPENSES	\$119,759,030	\$120,493,484	\$734,454

GRIFFIN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
IV. DSH UPPER PAYMENT LIMIT CALCULATIONS				
A. CASE MIX ADJUSTED DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	2,602.40337	2,610.15660	7.75323
2	MEDICARE	4,844.85964	4,854.34699	9.48735
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	956.07434	968.61071	12.53637
4	MEDICAID	787.00544	913.04154	126.03610
5	OTHER MEDICAL ASSISTANCE	169.06890	55.56917	(113.49973)
6	CHAMPUS / TRICARE	2.83350	8.25280	5.41930
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	86.72071	87.19980	0.47909
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	5,803.76748	5,831.21050	27.44302
	TOTAL CASE MIX ADJUSTED DISCHARGES	8,406.17085	8,441.36710	35.19625
B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4,988.13844	5,246.43025	258.29181
2	MEDICARE	2,075.75558	2,219.03692	143.28134
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,257.99330	1,587.91840	329.92510
4	MEDICAID	1,145.30185	1,524.27417	378.97232
5	OTHER MEDICAL ASSISTANCE	112.69146	63.64423	-49.04722
6	CHAMPUS / TRICARE	18.14952	26.37347	8.22395
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	175.92555	380.08572	204.16017
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	3,351.89840	3,833.32878	481.43038
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	8,340.03684	9,079.75903	739.72219
C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$7,565.84	\$7,505.25	(\$60.59)
2	MEDICARE	\$7,897.14	\$7,707.35	(\$189.79)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,922.39	\$6,336.53	\$414.14
4	MEDICAID	\$5,964.49	\$6,679.51	\$715.03
5	OTHER MEDICAL ASSISTANCE	\$5,726.44	\$701.05	(\$5,025.39)
6	CHAMPUS / TRICARE	\$10,650.43	\$14,217.24	\$3,566.80
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$15,357.62	\$1,318.37	(\$14,039.25)
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$7,573.18	\$7,488.86	(\$84.32)
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$7,570.91	\$7,493.93	(\$76.98)
D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$6,418.86	\$6,818.62	\$399.76
2	MEDICARE	\$6,350.91	\$5,977.33	(\$373.59)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$3,925.07	\$3,293.47	(\$631.59)
4	MEDICAID	\$3,443.04	\$3,415.54	(\$27.51)
5	OTHER MEDICAL ASSISTANCE	\$8,823.98	\$370.07	(\$8,453.91)
6	CHAMPUS / TRICARE	\$4,675.33	\$4,521.40	(\$153.93)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$8,039.61	\$1,116.14	(\$6,923.47)
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$5,431.40	\$4,855.55	(\$575.85)
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$6,022.00	\$5,989.84	(\$32.15)

GRIFFIN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)				
1	MEDICAID	\$3,330,390	\$3,904,870	\$574,480
2	OTHER MEDICAL ASSISTANCE	\$88,305	\$746,203	\$657,899
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	(\$944,063)	\$2,404,785	\$3,348,848
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$2,474,631	\$7,055,858	\$4,581,227
VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)				
1	TOTAL CHARGES	\$353,472,922	\$381,244,191	\$27,771,269
2	TOTAL GOVERNMENT DEDUCTIONS	\$143,666,609	\$161,395,022	\$17,728,413
3	UNCOMPENSATED CARE	\$12,058,517	\$10,204,806	(\$1,853,711)
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$83,881,787	\$91,999,043	\$8,117,256
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
6	TOTAL ADJUSTMENTS	\$239,606,913	\$263,598,871	\$23,991,958
7	TOTAL ACCRUED PAYMENTS	\$113,866,009	\$117,645,320	\$3,779,311
8	UCP DSH PAYMENTS (OHCA INPUT)	\$595,446	\$529,441	(\$66,005)
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$114,461,455	\$118,174,761	\$3,713,306
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3238195853	0.3099713092	(0.0138482761)
11	COST OF UNCOMPENSATED CARE	\$3,904,784	\$3,163,197	(\$741,587)
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$3,008,912	\$3,273,968	\$265,056
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$6,913,696	\$6,437,165	(\$476,531)
VII. RATIOS				
A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	37.73%	36.62%	-1.11%
2	MEDICARE	36.82%	34.13%	-2.69%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	27.06%	28.28%	1.22%
4	MEDICAID	31.35%	31.50%	0.15%
5	OTHER MEDICAL ASSISTANCE	16.26%	1.66%	-14.60%
6	CHAMPUS / TRICARE	35.56%	70.76%	35.20%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	37.68%	5.53%	-32.14%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	35.19%	33.21%	-1.97%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	35.93%	34.20%	-1.74%
B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	33.54%	34.37%	0.83%
2	MEDICARE	22.14%	20.03%	-2.11%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	23.40%	20.48%	-2.92%
4	MEDICAID	23.55%	22.55%	-1.00%
5	OTHER MEDICAL ASSISTANCE	22.83%	0.96%	-21.86%
6	CHAMPUS / TRICARE	33.05%	27.27%	-5.78%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	20.24%	5.53%	-14.71%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	22.50%	20.19%	-2.31%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	28.48%	27.71%	-0.77%

GRIFFIN HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
VIII. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS				
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	TOTAL ACCRUED PAYMENTS	\$113,866,008	\$117,645,317	\$3,779,309
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$595,446	\$529,441	(\$66,005)
	OHCA DEFINED NET REVENUE	\$114,461,454	\$118,174,758	\$3,713,304
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$4,850,843	(\$88,277)	(\$4,939,120)
4	CALCULATED NET REVENUE	\$119,312,297	\$118,086,481	(\$1,225,816)
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$119,312,297	\$118,086,481	(\$1,225,816)
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$353,472,922	\$381,244,191	\$27,771,269
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$353,472,922	\$381,244,191	\$27,771,269
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$353,472,922	\$381,244,191	\$27,771,269
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$12,058,517	\$10,204,806	(\$1,853,711)
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0	\$0	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$12,058,517	\$10,204,806	(\$1,853,711)
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$12,058,517	\$10,204,809	(\$1,853,708)
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	(\$3)	(\$3)

GRIFFIN HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2010
I. ACCRUED CHARGES AND PAYMENTS		
A. INPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$53,498,119
2	MEDICARE	109,615,387
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	21,701,130
4	MEDICAID	19,360,773
5	OTHER MEDICAL ASSISTANCE	2,340,357
6	CHAMPUS / TRICARE	165,814
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2,077,313
	TOTAL INPATIENT GOVERNMENT CHARGES	\$131,482,331
	TOTAL INPATIENT CHARGES	\$184,980,450
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$104,069,021
2	MEDICARE	66,223,956
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	25,533,455
4	MEDICAID	23,091,648
5	OTHER MEDICAL ASSISTANCE	2,441,807
6	CHAMPUS / TRICARE	437,309
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	7,665,602
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$92,194,720
	TOTAL OUTPATIENT CHARGES	\$196,263,741
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$157,567,140
2	TOTAL GOVERNMENT ACCRUED CHARGES	223,677,051
	TOTAL ACCRUED CHARGES	\$381,244,191
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$19,589,882
2	MEDICARE	37,414,146
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6,137,631
4	MEDICAID	6,098,674
5	OTHER MEDICAL ASSISTANCE	38,957
6	CHAMPUS / TRICARE	117,332
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	114,962
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$43,669,109
	TOTAL INPATIENT PAYMENTS	\$63,258,991
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$35,773,406
2	MEDICARE	13,263,908
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5,229,767
4	MEDICAID	5,206,214
5	OTHER MEDICAL ASSISTANCE	23,553
6	CHAMPUS / TRICARE	119,245
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	424,229
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$18,612,920
	TOTAL OUTPATIENT PAYMENTS	\$54,386,326
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$55,363,288
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	62,282,029
	TOTAL ACCRUED PAYMENTS	\$117,645,317

GRIFFIN HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2010
II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA		
A. ACCRUED DISCHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	2,697
2	MEDICARE	3,673
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,339
4	MEDICAID	1,278
5	OTHER MEDICAL ASSISTANCE	61
6	CHAMPUS / TRICARE	10
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	103
	TOTAL GOVERNMENT DISCHARGES	5,022
	TOTAL DISCHARGES	7,719
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	0.96780
2	MEDICARE	1.32163
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.72338
4	MEDICAID	0.71443
5	OTHER MEDICAL ASSISTANCE	0.91097
6	CHAMPUS / TRICARE	0.82528
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.84660
	TOTAL GOVERNMENT CASE MIX INDEX	1.16113
	TOTAL CASE MIX INDEX	1.09358
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$147,824,225
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$55,825,182
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$91,999,043
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	62.24%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$529,441
8	CHARITY CARE	\$8,958,645
9	BAD DEBTS	\$1,246,161
10	TOTAL UNCOMPENSATED CARE	\$10,204,806
11	TOTAL OTHER OPERATING REVENUE	\$3,781,488
12	TOTAL OPERATING EXPENSES	\$120,493,484

GRIFFIN HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL FY 2010</u>
III. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS		
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	TOTAL ACCRUED PAYMENTS	\$117,645,317
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$529,441
	OHCA DEFINED NET REVENUE	\$118,174,758
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	(\$88,277)
	CALCULATED NET REVENUE	\$118,086,481
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$118,086,481
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED GROSS REVENUE	\$381,244,191
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	CALCULATED GROSS REVENUE	\$381,244,191
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$381,244,191
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$10,204,806
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$10,204,806
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$10,204,809
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$3)

GRIFFIN HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT 650 - HOSPITAL UNCOMPENSATED CARE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
A. Hospital Charity Care (from HRS Report 500)					
1	Number of Applicants	376	455	79	21%
2	Number of Approved Applicants	311	362	51	16%
3	Total Charges (A)	\$5,752,621	\$8,958,645	\$3,206,024	56%
4	Average Charges	\$18,497	\$24,748	\$6,250	34%
5	Ratio of Cost to Charges (RCC)	0.355472	0.335714	(0.019758)	-6%
6	Total Cost	\$2,044,896	\$3,007,543	\$962,647	47%
7	Average Cost	\$6,575	\$8,308	\$1,733	26%
8	Charity Care - Inpatient Charges	\$3,315,250	\$4,246,224	\$930,974	28%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	884,035	2,844,741	1,960,706	222%
10	Charity Care - Emergency Department Charges	1,553,336	1,867,680	314,344	20%
11	Total Charges (A)	\$5,752,621	\$8,958,645	\$3,206,024	56%
12	Charity Care - Number of Patient Days	4,105	9,288	5,183	126%
13	Charity Care - Number of Discharges	390	1,404	1,014	260%
14	Charity Care - Number of Outpatient ED Visits	1,995	2,214	219	11%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	1,720	5,670	3,950	230%
B. Hospital Bad Debts (from HRS Report 500)					
1	Bad Debts - Inpatient Services	\$2,506,445	\$124,616	(\$2,381,829)	-95%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	907,245	573,234	(334,011)	-37%
3	Bad Debts - Emergency Department	2,892,206	548,311	(2,343,895)	-81%
4	Total Bad Debts (A)	\$6,305,896	\$1,246,161	(\$5,059,735)	-80%
C. Hospital Uncompensated Care (from HRS Report 500)					
1	Charity Care (A)	\$5,752,621	\$8,958,645	\$3,206,024	56%
2	Bad Debts (A)	6,305,896	1,246,161	(5,059,735)	-80%
3	Total Uncompensated Care (A)	\$12,058,517	\$10,204,806	(\$1,853,711)	-15%
4	Uncompensated Care - Inpatient Services	\$5,821,695	\$4,370,840	(\$1,450,855)	-25%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	1,791,280	3,417,975	1,626,695	91%
6	Uncompensated Care - Emergency Department	4,445,542	2,415,991	(2,029,551)	-46%
7	Total Uncompensated Care (A)	\$12,058,517	\$10,204,806	(\$1,853,711)	-15%
(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.					

GRIFFIN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 685 - HOSPITAL NON-GOVERNMENT GROSS REVENUE, CONTRACTUAL ALLOWANCES, ACCRUED PAYMENTS AND DISCOUNT PERCENTAGE					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009	FY 2010		
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL TOTAL NON-GOVERNMENT</u>	<u>ACTUAL TOTAL NON-GOVERNMENT</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
	<u>COMMERCIAL - ALL PAYERS</u>				
1	Total Gross Revenue	\$137,125,385	\$147,824,225	\$10,698,840	8%
2	Total Contractual Allowances	\$83,881,787	\$91,999,043	\$8,117,256	10%
	Total Accrued Payments (A)	\$53,243,598	\$55,825,182	\$2,581,584	5%
	Total Discount Percentage	61.17%	62.24%	1.06%	2%
(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.					

GRIFFIN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	ACTUAL FY 2010
A. <u>Gross and Net Revenue</u>				
1	Inpatient Gross Revenue	\$172,404,039	\$177,105,304	\$184,980,450
2	Outpatient Gross Revenue	\$151,291,469	\$176,367,618	\$196,263,741
3	Total Gross Patient Revenue	\$323,695,508	\$353,472,922	\$381,244,191
4	Net Patient Revenue	\$115,006,758	\$119,312,297	\$118,086,481
B. <u>Total Operating Expenses</u>				
1	Total Operating Expense	\$116,164,408	\$119,759,030	\$120,493,484
C. <u>Utilization Statistics</u>				
1	Patient Days	34,817	33,581	33,429
2	Discharges	7,617	7,533	7,719
3	Average Length of Stay	4.6	4.5	4.3
4	Equivalent (Adjusted) Patient Days (EPD)	65,370	67,022	68,897
0	Equivalent (Adjusted) Discharges (ED)	14,301	15,035	15,909
D. <u>Case Mix Statistics</u>				
1	Case Mix Index	1.09030	1.11591	1.09358
2	Case Mix Adjusted Patient Days (CMAPD)	37,961	37,473	36,557
3	Case Mix Adjusted Discharges (CMAD)	8,305	8,406	8,441
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	71,273	74,791	75,345
5	Case Mix Adjusted Equivalent Discharges (CMAED)	15,593	16,777	17,398
E. <u>Gross Revenue Per Statistic</u>				
1	Total Gross Revenue per Patient Day	\$9,297	\$10,526	\$11,405
2	Total Gross Revenue per Discharge	\$42,496	\$46,923	\$49,390
3	Total Gross Revenue per EPD	\$4,952	\$5,274	\$5,534
4	Total Gross Revenue per ED	\$22,634	\$23,511	\$23,964
5	Total Gross Revenue per CMAEPD	\$4,542	\$4,726	\$5,060
6	Total Gross Revenue per CMAED	\$20,760	\$21,068	\$21,914
7	Inpatient Gross Revenue per EPD	\$2,637	\$2,642	\$2,685
8	Inpatient Gross Revenue per ED	\$12,055	\$11,780	\$11,628

GRIFFIN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	ACTUAL FY 2010
F. Net Revenue Per Statistic				
1	Net Patient Revenue per Patient Day	\$3,303	\$3,553	\$3,532
2	Net Patient Revenue per Discharge	\$15,099	\$15,839	\$15,298
3	Net Patient Revenue per EPD	\$1,759	\$1,780	\$1,714
4	Net Patient Revenue per ED	\$8,042	\$7,936	\$7,423
5	Net Patient Revenue per CMAEPD	\$1,614	\$1,595	\$1,567
6	Net Patient Revenue per CMAED	\$7,376	\$7,112	\$6,788
G. Operating Expense Per Statistic				
1	Total Operating Expense per Patient Day	\$3,336	\$3,566	\$3,604
2	Total Operating Expense per Discharge	\$15,251	\$15,898	\$15,610
3	Total Operating Expense per EPD	\$1,777	\$1,787	\$1,749
4	Total Operating Expense per ED	\$8,123	\$7,966	\$7,574
5	Total Operating Expense per CMAEPD	\$1,630	\$1,601	\$1,599
6	Total Operating Expense per CMAED	\$7,450	\$7,138	\$6,926
H. Nursing Salary and Fringe Benefits Expense				
1	Nursing Salary Expense	\$15,864,900	\$17,033,289	\$18,665,249
2	Nursing Fringe Benefits Expense	\$3,795,573	\$4,526,561	\$5,608,641
3	Total Nursing Salary and Fringe Benefits Expense	\$19,660,473	\$21,559,850	\$24,273,890
I. Physician Salary and Fringe Expense				
1	Physician Salary Expense	\$6,979,406	\$6,156,928	\$5,144,632
2	Physician Fringe Benefits Expense	\$1,669,777	\$1,636,192	\$1,545,889
3	Total Physician Salary and Fringe Benefits Expense	\$8,649,183	\$7,793,120	\$6,690,521
J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense				
1	Non-Nursing, Non-Physician Salary Expense	\$28,697,744	\$30,325,007	\$30,294,911
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$6,865,748	\$8,058,813	\$9,103,188
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$35,563,492	\$38,383,820	\$39,398,099
K. Total Salary and Fringe Benefits Expense				
1	Total Salary Expense	\$51,542,050	\$53,515,224	\$54,104,792
2	Total Fringe Benefits Expense	\$12,331,098	\$14,221,566	\$16,257,718
3	Total Salary and Fringe Benefits Expense	\$63,873,148	\$67,736,790	\$70,362,510

GRIFFIN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	ACTUAL FY 2010
L.	Total Full Time Equivalent Employees (FTEs)			
1	Total Nursing FTEs	248.0	278.3	305.0
2	Total Physician FTEs	68.0	63.1	64.0
3	Total Non-Nursing, Non-Physician FTEs	579.0	587.7	589.0
4	Total Full Time Equivalent Employees (FTEs)	895.0	929.1	958.0
M.	Nursing Salaries and Fringe Benefits Expense per FTE			
1	Nursing Salary Expense per FTE	\$63,971	\$61,205	\$61,198
2	Nursing Fringe Benefits Expense per FTE	\$15,305	\$16,265	\$18,389
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$79,276	\$77,470	\$79,587
N.	Physician Salary and Fringe Expense per FTE			
1	Physician Salary Expense per FTE	\$102,638	\$97,574	\$80,385
2	Physician Fringe Benefits Expense per FTE	\$24,556	\$25,930	\$24,155
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$127,194	\$123,504	\$104,539
O.	Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$49,564	\$51,599	\$51,434
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$11,858	\$13,712	\$15,455
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$61,422	\$65,312	\$66,890
P.	Total Salary and Fringe Benefits Expense per FTE			
1	Total Salary Expense per FTE	\$57,589	\$57,599	\$56,477
2	Total Fringe Benefits Expense per FTE	\$13,778	\$15,307	\$16,970
3	Total Salary and Fringe Benefits Expense per FTE	\$71,367	\$72,906	\$73,447
Q.	Total Salary and Fringe Ben. Expense per Statistic			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$1,835	\$2,017	\$2,105
2	Total Salary and Fringe Benefits Expense per Discharge	\$8,386	\$8,992	\$9,115
3	Total Salary and Fringe Benefits Expense per EPD	\$977	\$1,011	\$1,021
4	Total Salary and Fringe Benefits Expense per ED	\$4,466	\$4,505	\$4,423
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$896	\$906	\$934
6	Total Salary and Fringe Benefits Expense per CMAED	\$4,096	\$4,037	\$4,044